RECORD	PHYSICIANS should state of OCCUPATION Is very
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
WRITE	Every Item of Infe CAUSE OF DEAT! Important. See Ins

N.B.

15452 PLACE OF DEATH

County Frederick



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or City State Sanatorium, (No. Md. Tuberculosis Sanatorium. Ward)

[it death occurred in a hospital or Institution, give its NAME Instead of street and number.]

2FULL NAME Philip J. Barber, Jr.

	PERSONAL AND STATISTICAL P	ARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 51	MAR	MARRIED, Single		16th, 1913 (Day (Year)
6 D	January (Month)	12th, 873.	April 12th, 1911, to Nove	
7 A	40 yrs 10 mos	It LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stat The CAUSE OF DEATH* was as follows	
(a) pai (b) bus	CCUPATION Trade, protession, or ticular kind of work	erk	Far Advanced Pulmonary Tuberculosis. (Duration)	4
	RTHPLACE (State or country) Baltimore, M		Contributory Far advanced Secondary (Duration)	Pulmonary Tubercu losis. 3 yrs mos ds.
Philip J. Barber, 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER Mary McCauley, 13 BIRTHPLACE OF MOTHER (State or country) Maryland.		Nov. 16th, 1913 (Address) Stat *State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY; TAL, SUICIDAL, OF HOMICIDAL.		
		18 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS) At place In the	Lifetime.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant) V. J. Hughes,			Where was disease contracted, Unknown it not at place of death? Former or usual residence 517 E. 20th St.	**************************************
16 File	(Address) State Sanatorius	Stean	Baltimore, Md. 20 UNDERTAKER M. L. Creager, trar, 6 E. Franklin St., Balto., Requesting V.	Unknown., 1915. Address Thurmont, Md.

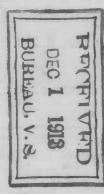


[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulof persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Physician, Compositor, Architect, Locomotive engineer. For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indithus: Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Crond";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchophenmonia ("Pneumonia," unquallfied, is indefinite): Tuberentesis of lungs, maninges, peritonaeum, etc., Carein-

valvular heart disease; Chronic interstitial nephritis, aant neoplusms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State canse for childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. thre of the American Medical Association.) "Contributory." The contributory (secondary or intercurrent) is less definite; avoid use of "Inmor" for malig-Always qualify all diseases resulting from "Senile," ctc.), (Recommendations on statement of may be stated under the head of (disease causing death), 29 "Dropsy," "Exhaustion," For viod8.



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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	F DE
-	E Oltant.
	-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE	OF	DEATH	1545	3 /
County Frede	ri	ck	• • • • • • • • • • • •	/

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

Village or City State Sanatorium (No. Md. Tuberoulosis Sanst; Ward)

[If death occurred in a hospital or institution, give its NAME Instead

	²FULI	NAME	Benjamin	Rerkow.		or sireer and number.
	PERSO	NAL AND STATISTIC	CAL PARTICULAI	RS	MEDICAL CERTIFICATE OF DEATH	
3 SE	Male	4 COLOR OR RACE White	ORDIVDRCED	ingle	16 DATE OF DEATH NOVEMber (Month)	(Day) (Year)
Bale White (Write the word) Cotober 6 895				17 I HEREBY CERTIFY, That Oct. 6th 195 to No that I last saw him allve on No	v. 25th, 191 3,	
7 A	GE	(Month)		It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date state The CAUSE OF DEATH * was as follows:	A
BOCCUPATION (a) Trade, profession, or particular kind of work				Far Advanced Pulmona OSis. (Ouration)	yrs. 3 mos. ds.	
9 BIRTHPLACE (State or country) Balto: Md.				Contributory Far Advanced (Secondary) Tuberculosis (Duration)		
	10 NAME OF	F			(Signed) D. O. O.	
ARENTS	11 BIRTHPLACE OF FATHER (State or country) RUSSSIA		Nov. 26, 191 3 (Address) State	In double at the		
PARI	12 MAIDEN OF MOT	Bessie	Livitzsky	7	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALE OR RECENT RESIDENTS)	id (2) Whether Acciden-
OF MOTHER (State or country) Russia 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) V. J. Hughes				At place in the of death yrs. I mos. 20. ds. State Where was disease contracted, it not at place of death? Unknow		
		V.J.Hughes State Sa			Former or usual residence # 1414 E. Lomb	ard St. Balto
15 FII	ed Arr 2	9/. 1913. 6	1 Stew	REGISTRAS	20 UNDERTAKER M.L. Creager	ADDRESS 1813
	/				- D. OI Eagel	Thurmont Ma

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

It should he used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons 9

Statement of cause of death—Name, first, the dibease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUEBPEBAL peritonitis," etc. childbirth or miscarriage, as "Purremeal scottichac etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemia," "Weakness," -Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Dehility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as ture of the American Medical Association.) The contributory Always qualify all diseases resulting from (Recommendations on statement of may he stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:



V. S. No. 1.

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

County C	redere	15454	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or C	L NAME AL	ary Bisk	Registration Dist. No
PERS	ONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 sex Female	4 COLOR OR RACE	SSINGLE, MARRIED, WIDOWEO, ORGIVORCEO (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
7 AGE 8 OCCUPATION (a) Trade, profession	(Month) (Day) (Year if LESS ft 1 day,	and that death occurred on the date stated above, at
particular kind of (b) General nature business, or estal which employed (oi BIRTHPLACE (State or count 10 NAME C	of indusfry, blishment in r employer) try) Murry	lunel.	Gontributory Exhaustiva (Secondary) (Duration) yrs. mos. 7 ds
STATHE OF FAT OF FAT OF STATE OF FAT OF F	LACE THER TO COUNTRY) NAME	aryland.	(Signed)
13 BIRTHP OF MOT (State or	LACE HER Country)	ylemel.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of death 2 / yrs. // mos. // ds. State yrs. mos. ds. Where was disease contracted.
(Informant)	for 1:	ST OF MY KNOWLEDGE	If not at place of death? Former or usual residence. Walkersvill, Proc.
(Address)	Menlevu	e Mospilal REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS Philipping
[]	more blanks are need	ded, address State Regis tran	, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iilbeen changed or given up on account of the nisrass Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative sealthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: For persons "Foreman," 6

Statement of cause of death-Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage. as "Purpenal scptichaeture of the American Medicai Association.) cause of death approved by Committee on Nomencia "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemia," "Weakness," -Heart fallure," "Haemorrhage," "Inanition," "Marasgenltal," "Collapse." "Coma," "Convultions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chrowin er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of .. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head of (Recommendations on statement of (name origin; "Can Examples: For VIO-



15455 STATE OF MARYLAND CERTIFICATE OF DEATH should OCCUPATION IS Registration Dist. No ... [It death occurred in St.:....Ward) a hospital or Institution. give its NAME lostead of street and number. ? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH classified. (Day) (Year) (Month) TAGE If LESS than and that death occurred on the date stated above, at 11.7 1 day .. 1/.. hrs. The CAUSE OF DEATH * was as follows: OR min. ? properly 8 OCCUPATION AGE (a) Frade, protession, or particular kind of work (b) General nature of industry. be business, or establishment lo (Doration) vrs. may which employed (or employer) Contributory. ⁹ BIRTHPLACE (State or country) (Secondary) that 10 NAME OF FATHER S 11 BIRTHPLACE ARENT OF FATHER (State or country hould *State the DISEASE CAUSING DEATH, or, in deaths from VIGLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE C At place In the OF MOTHER of death yrs. mos. ds. State yrs, mos. (State or country DEATH Where was disease contracted. I I WRITE It not at placa of death? of Fermer or Every Item CAUSE OF Important. S usual residenca. 19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS 1f more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. fication, as Day laborer, Farm laborer, Laborer material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopncumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcin-

childbirth or miscarriage, as "PUERPERAL septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," mere symptoms or terminal conditions, such as "As ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. "Heart fallure," "Haemorrhage," "Inanition," "Maraszer" is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 ds. "Exhaustion," Examples: For VIO-



V. S. No. 1.

Village or City Lemptom (No. St.; Ward) PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS BEX **COLOR OR RACE SHARLE, Ashere Ward of Street and somber.] PERSONAL AND STATISTICAL PARTICULARS **BEX **COLOR OR RACE WARREN ADVISOR (Will interest of the word) **DATE OF BIRTH Oct. 1 HEREBY CERTIFY. That I strended deceased from the word) **TAGE **COLOR OR RACE WARREN ADVISOR (Will interest of the word) **DATE OF BIRTH Oct. 3 193 to No. 1, 191. **TO ANTE OF BIRTH Oct. 3 193 to No. 1, 191. **TO ANTE OF BIRTH Oct. 3 193 to No. 1, 191. **TO ANTE OF BIRTH WAS as followed. **TO BE ANTE OF BIRTH WAS as followed. **TO BE ANTE OF BIRTH WAS AS FOLLOWED AND ASHED OF MOTHER O		PLACE OF DEATH 15456	STATE OF MARYLAND CERTIFICATE OF DEATH	
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS DESCRIPTION OF MACE PERSONAL AND STATISTICAL PARTICULARS DESCRIPTION OF MACE MICHAEL WHITE PERSONAL AND STATISTICAL PARTICULARS DESCRIPTION OF MACE MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 16 DATE OF DEATH 17 DATE OF BIRTH Oct. 1 18 DATE OF DEATH Oct. 3 1913, to 100, 4 1915 TAGE 18 HEREBY CERTIFY. That I stended decessed from Month of Many. Int. 1915 The CAUSE OF DEATH was as follows: 19 DEATH was as follows: OCCUPATION (1) Today profession, or most of min. 7 COCUPATION (2) General relative or industry. DESCRIPTION OF DEATH was as follows: Secondary Contributory Characteristic or most of min. 7 Secondary (Burstless) OR THATHCACE (State or Country) Montq or May Secondary (Signed) 11 DIRTHPLACE (State or Country) Montq or May (State or Country) Montq or May Contributory Characteristic or Machine or Machine or Machine or Machine or Machine Secondary (Burstless) (Got	the territory	Registration Dist. No. 138	
**SEEX **COLOR OR RACE OF BIRTH OF MALE OF BIRTH OF MALE OF BIRTH OF BIRTHPLACE OF BIRTH OF BIRTHPLACE OF MOTHER OF BIRTHPLACE OF BIRTHPLACE OF MOTHER OF BIRTHPLACE OF BIRTHPLA	Viii	2FULL NAME Wesley	a hospital or lostitution, give its NAME instead	
Male white Samue dowed (Month) (Day (Year)) Oct. 1 825 (Month) (Day (Year)) TAGE Strain (Month) (Day (Year)) THE CAUSE OF DEATH's was as follows: Contributory (Month) (Day (Year)) THE CAUSE OF DEATH's was as follows: THE CAUSE OF DEATH's was as follows: Contributory (Month) (Day (Year)) THE CAUSE OF DEATH's was as follows: Contributory (Month) (Day (Year)) THE CAUSE OF DEATH's was as follows: Contributory (Month) (Day (Year)) THE CAUSE OF ACTION (DEATH) (DEATH) (DEATH) (DEATH) TO NAME OF FATHER (Strain OF COUNTRY) TO NAME OF FATHER (Strain OF COUNTRY) TO NAME OF FATHER (MONTHE) (DEATH)		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
TAGE (Nonth) (Day (Year) (Nonth) (Day (Year) That I last saw h Mailve on Nov. 4 191 (I LESS than 1 day,	3 SE	MARRIED WIDOWED LOTTE &	(Month) (Day (Year)	
Filed W. 6th 1813. Claring & Co. Mar. If LESS than 1 dayhrs. ORmin.? If LESS than 1 dayhrs. ORmin.? If LESS than 1 dayhrs. ORmin.? ORmin.? ORmin.? If LESS than 1 dayhrs. ORmin.? ORmin.? ORmin.? It armule Co. Mar. Contributory Contrib	6 DA	Oct. 1 1825	Oct. 31 1913, to Nov. 4 1913	
**State the Disease Causing Death, or, in deaths from Violent Cause of Mother Personal State of country) **The Above is true to the best of by knowledge (Informant) **The Above is true to the best of by knowledge (7.00		that I last saw h Malive on 100. 4 ,191	
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Dusiness, or establishment in which employed (or employer) **BIRTHPLACE (State or country) Montg ornery Co. Md. 10 NAME OF FATHER (State or country) Montg. Co. Md. 11 BIRTHPLACE (State or country) Montg. Co. Md. 12 MAIDEN NAME OF FATHER (State or country) Montg. Co. Md. 13 BIRTHPLACE (State or country) Montg. Co. Md. 13 BIRTHPLACE (State or country) Montg. Co. Md. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intormant) Ma. M. C. Litchison (Intormant) Ma. M. C. Litchison (Address) Montovia Md. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intormant) Ma. M. C. Litchison (Intormant) Ma. M. C. Litchison (Intormant) Md. M. C. Litchison (Intormant) Md. Montovia Md. 15 Filed Mov. 6 th 1832 Clarince C. Main (Psychtran) Md. Mov. (1913) (1914) (19	(a) par	Trada, profession, or farmer flourist work.		
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11 BIRTHPLACE OF MATHER OF MOTHER 12 MAIDEN NAME OF MOTHER (State or country) Monta. Co. Md. 13 BIRTHPLACE OF MOTHER (State or country) Monta. Co. Md. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) Montavia (Signed) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether Accident TAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS) At place (Informant) MONTAVIA MONTAVI			CN LO LI OLI	
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tov. 22" 1973 - If more planks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		Mor others Clarence & Daira		
Mea Lat Mal	rile	CA VII of D PRESTRAN	Manager Manager M	
	ma	What Md,	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At sehool or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborerstatement. CAUSING DEATH, state occupation at beginning of illwho receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples:

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid disease). Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

mid," "Puerperal peritonitis," etc. State cause for affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanitiou," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronie interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Candent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-accimus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; may be stated under the head (Recommendations on statement of Never report



RITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT of information should be carefully supplied. AGE should be stated EXACTLY. DEATH in plain terms, so that it may be properly classified. Exact statement See instructions on back of certificates.)	りここ
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RECORD

15457 1 PLACE OF DEATH

County Frederick

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

Village or CityState Sanatorium (No. Md. State Sanatorium St; Ward)

[if death occurred in a hospital or institution, give its NAME instead of street and number.]

Full Name Daniel Brookbank						
	PERSONAL AND STATISTICAL PARTICULARS			RS	MEDICAL CERTIFICATE OF DE	ATH
3 51	Male White Single, Widowed, Write the word)			i,dowed	16 DATE OF DEATH (Month) 17 I HEREBY CERTIFY, That I atte	(Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)					that I last saw h im alive on NOV	5
7 AGE If LESS than 1 day,hrs. 2 mos, ds. QRmin.?				1 day,hrs.	and that death occurred on the date stated above. The CAUSE OF DEATH* was as follows:	/e, at 7 . 19 Am,
* OCCUPATION (a) Trade, profession, or particular kind of work Fireman				Far Adv. Pulmonary & La	ryngeal Tb	
(b) General nature of industry, business, or establishment in which employed (or employer)						s
9 BIRTHPLACE (State or country)					Contributory Far Adv Pulm & Le:	
10 NAME OF FATHER Rlies Brookbank			okbenk		(Signed) Suration) yr	s. 9 mos. ds.
11 BIRTHPLACE OF FATHER (State or country) Md 2 MAIDEN NAME OF MOTHER Warthe Hicks		*State the DISEASE CAUSING DEATH, or, in de CAUSIES, state (1) MEANS OF INJURY; and (2)				
		18 LENGTH OF RESIDENCE (FOR HOSPITALE LAST				
	13 BIRTHPI OF MOT (State or	LACE HER	id ·		At place in the of death yrs mos. 60. ds. State 47. y	rrs, mos ds
Informant,			LEDGE	Where was disease contracted, If not at place of death? Former or usual residence. Riceville, Chas(
(Address lute Sanson lu)			(Ne)	Chooco my he	TEOF BURIAL)	
Fi	Filed NOV 25, 1913. 6. A. Sleve REGISTRAR					hurmont. Md

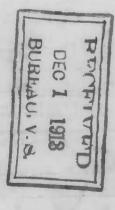
If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons causing death, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement the nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a). Spinner, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Realthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, (0)

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumenta"); Lobar pneumenta; Bronchopneumonia ("Pneumenla," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage. as "Turrperal scptichaeture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tctanus) Injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver round of head-homicide; Polsoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing affection need not be stated unless important. Exnant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . "Contributory." Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably -Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convultions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart discase; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for mails The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds. State cause for Examples:



PLACE OF DEATH 15458	STATE OF MARYLAND CERTIFICATE OF DEATH
County Aridireh	Registered No. 138
Village or City Kimps Cown (No,	St; Ward) St; Ward) St; Ward) [If death occurred in a hospilal or institution, give its NAME lostead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Male Hule Single, Widowed Original Orig	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended decessed from
8 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h im alive on have 4 1913
POCCUPATION (a) Trade, profession, or particular kind of work	and that death occurred on the date stated above, at
(b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) & Kennfolous Daw.	Gontributory (Secondary)
10 NAME OF Edin and Burselle 11 BIRTHPLACE OF FATHER (State or country) Mordgone Com 12 MAIDEN NAME OF MOTHER 12 MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. Where was disease contracted,
(Informant) Edward Burden	If not at place of death? Former or usual residence.
Filed How 5th. 1913, Claure E. Davis	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL LEVEL 191 3 20 UNDERTAKER ADDRESS Monrova: 2nd
fr more blanks are needed, address State Registrar	, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at heginning of illheen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekccpcrs fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can he known. The question who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not minc, etc. "Manager," "Dealer," etc., without more precise speciit should be used only when needed. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthfulwho receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—In always the same accepted to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUEBPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile." etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. cer" is iess definite; avoid use of "Tumor" for malls. ture of the American Medical Association.) "Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicetc., when a definite disease can be ascertained as the "Heart failurc," "Haemorrhage," "Inanition," "Maras-"Coliapse." "Coma," "Convulsions," "Dehility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritix nant neoplasms) : Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. cause of death approved by Committee on Nomencia The contributory Aiways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin: "Can State cause for Never report Examples:



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W. S. No. 1.

N. B.—Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

County Frederich 15459	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. /3/
Village or City Frederich (No Colly 2)	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word) (Month) (Day) (Text)	18 DATE OF DEATH (Month) (Day) (Yesr) 17 I HEREBY CERTIFY, That I attended decossed from 1913, to 2 1913,
(Month) (Day) (Tentr) 7 AGE (Month) (Day) (Tentr) 11 LESS than f day,hrs. orhrs. orhrs.	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, protession, or particular kind of work (b) Beneral nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Gontributory Cypherid Sever (Secondary) (Duration) yrs. mos. ds. (Duration) yrs. mos. ds.
10 NAME OF FATHER COMPLETE STATE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER COLUMN AND COMPLETE STATE OF MOTHER COLUMN AND	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds, State yrs, mos, ds, Where was disease contracted.
Informant) Ay Manuel Burdette (Address) Alt Ally Manuel (Address)	If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 2 Mr. 1912 Ag Macue	20 UNDERTAKER ADDRESS WONTOVICE
If more blanks are needed, address State Registran	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at heginning of illof persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an been changed or given up on account of the DISEASE should he taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may he indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causation with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinosis

sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of mia," "Tuenpebal peritonitis," etc. injury, as fracture of skuli, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Pursperal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Coliapse," "Coma," "Convulsions," "Dehility" ("Conampie: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis nant neoplasms) : Measics; Whooping cough: Chronio cer" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) cause of death approved by Committee on Nomenciaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned "Heart failure," "Haemorrhage," "Inanition," "Maranmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of . The contributory Always qualify all diseases resulting from (secondary or intercurrent) (name origin: "Can State cause for Examples:



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PHYSICIANS should state of OCCUPATION Is very properly classified. Exact statement PERMANENT stated EXACTLY. 4 should be UNFADING INK-THIS IS AGE carefully supplied. CAUSE OF DEATH in plain terms, so that it mi Important. See instructions on back of certificate. PLAINLY, WITH B.—Every item of information should be CAUSE OF DEATH in plain terms, s DEATH in plain

15460 1 PLACE OF DEATH

Village or City State Sanatariumo

County Frederick

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

anatorium st:Ward)

[If death occurred in a hospital or Institution, give Its NAME Instead of streef and number.]

FULL NAME Bernard L. Cannon

PER	SONAL AND STATISTIC	CAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
3sex Male	4 color or race White	SSINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	ried	16 DATE OF DEATH II 8 , 191.3 (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BU	RTH 9 (Month)	,	/885 (Year)	August 27, 191 3, to November 8, 193, that I last saw h im alive on November 8, 193
7 AGE	28 yrs 2	1 0	LESS than ay, hrs. min. ?	and that death occurred on the date stated above, at 8.15. Pm, The CAUSE OF DEATH* was as follows:
(b) General natur business, or es	sion, or f work	nenter	-	Far Advanced Pulmonary & Laryngeal Tuberculosis (Ouration) 6 yrs mos ds. Contributory Far Adv. Pulm. & Laryng. Tb.
	Jacob I.	Cannon		(Signed)
12 MAÍDE OF M	N NAME OTHER Mary V. K PLACE OTHER	Inett		CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place of deathyrs. 2_ mos ds ds ds
	STRUE TO THE BES	TOF MY KNOWLEDG	I.	Where was disease contracted, If not at place of death? Former or usual residence. Pidsely Md. 19 PLACE OF BURIAL OR REMOVAL Laguar, 191 3.
Filed Apr	29.1913-61	1 Stee	STRAR	20 UNDERTAKER ADDRESS M. L. Creager Thurmont, Md.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"statement. applies to each and every person, irrespective of age. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up ou account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupathus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons But in many "Foreman," (6)

pneumonia"); Lobur pneumonia; Bronchopneumonia CAUSING DEATH (the primary affection with respect to lesis of lungs, meninges, peritonaeum, etc., "Croup";) term for the same disease. time and causation), using always the same accepted ("Pneumonia," fever (the only definite synonym is Statement of cause of death-Name, first, the DISEASE meningitis"); Typhoid fever (never report "Typhoid unqualified, is indefinite): Tubereu-Diphthoria Examples: Cerebrospinal "Epidemic cere-(avoid use

> ample: Measles (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of..... (name origin; "Canmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to deermine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions." "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railreay train-acciture of the American Medical Association.) cause of death approved by Committee on Nomencladent; Revolver around of head-homicide; Poisoned The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from "Senile," may be stated under the head of (Recommendations on statement of etc.), "Dropsy," "Exhaustion," Never report



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RECORD

15461 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Tudench Registered No It death occurred inWard) a hospital or Institution. give its NAME instead ot street and number. 7 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED! WIDOWED. (Month) (Day) Write the word) I HEREBY CERTIFY. That I attended deceased from 8 DATE OF BIRTH , 191 2 , to Mrv. 3 that I last saw here allve on Mrv 14 1913 (Day) (Month) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 3.15 A.m. 1 dayhrs. The CAUSE OF DEATH * was as follows: 1 2 ds. OR ? BOCCUPATION (a) Trade, protession, or particular kind of work... (b) General nature of industry. business, or establishment in which employed (or employer) Contributory..... (Secondary) (State or country) 10 NAME OF FATHER (Signed) Mov 1 191.3 11 BIRTHPLACE (Address ARENT OF FATHER (State or country) *StateCine Disease Causino Death, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country ot death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted. If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE who receive a definite salary), may be entered as essary to know Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purapreal septichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for malk ture of the American Medical Association.) "Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of The contributory (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Never report Examples:



CERTIFICATE OF DEATH Registration Dist. No. OCCUPATION Ilt death eccurred in StWard) a hospital or institution. RECORD give its NAME instead of street and number. 1 0 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT 16 DATE OF DEATH 5 SINGLE, Zurl 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, BINDING (Month) malo Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH 191..... to...... classified. (Year) (Day) (Month) if LESS than 7 AGE and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION sen-Rugwa (a) Frade, protession, or 0 INK parficular kind of work... supplied. may be p (b) General nature of industry. ESER> business, or establishment in UNFADING (Ouration) _____yrs.____mos.___ds. which amployed (or employer) carefully sure that it may f certificate. Contributory BIRTHPLACE (Secondary) (State or country) (Doration)yrs........ds. 10 NAME OF (Signed) FATHER ARGIN 11 BIRTHPLACE K OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-Ш uo 2 TAL, SUICIDAL, OF HOMICIDAL, 12 MAIDEN NAME ATH in plain 4 OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) information 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death yrs. mos. ds. State yrs, ____ mos, ds. DEAT Where was disease contracted. It not at place of death? See 0 Carro Former or Item usual residence Every Item CAUSE OF Important. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 ADDRESS œ. REGISTRAR ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

PLACE OF DEATH 15462

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. statement. material worked on may form part of the second it should be used only when needed. As examples: the nature of the business or industry, and therefore an been changed or given up on account of the DISEASE Houscwife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will he sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may he indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Corchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcinosis of lungs, meninges, peritonacum, etc...

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head childbirth or miscarriage, as "Purreral scptichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) "Contributory." injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. -Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. er" is less definite; avoid use of "Tumor" for mally oma. Sarcoma. etc., of __ The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples: For vio-



V. S. No. 1.

TAITE OF STATE AND STREET STATE STATE

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Finderic Culo Loke 2 FULL NAME James & County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 9 [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mole Whit. Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH / / / / / / / / / / / / / / / / / / /
OCCUPATION (a) Trade, profession, or particular kind of work.	that I last saw h maily on 1913 and that death occurred on the date stated above, at 1913 m. The CAUSE OF DEATH* was as follows:
(b) General nature of Industry, business, or establishment in which employed (or employer) PRITHPLACE (State or country) Anducety Med	Contributory Lay mfected was descended that (Duration) 3 yrs mos des
10 NAME OF FATHER ANTSCORY CONSOL 11 BIRTHPLACE OF FATHER (State or country) Swygerland 12 MAIDEN NAME OF MOTHER Lular Lifety	(Signed)
14 THE ABOVE INTRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Filed / 8 Nov. 1913 Dr. Charles Millery (State or country) Archeris Mullery (Address) 15 Filed / 8 Nov. 1913 Dr. Charles Millery (Address)	Af place of death yrs, mos. ds. State yrs mos. ds. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL CLASS COLORS (Contracted), 19168 20 UNDERTAKER ADDRESS
PEGLISTRAN /	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. dutles of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is neeapplies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter. ness of various pursults can be known. The question been changed or given up on account of the disease For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, thus: If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," The

causing deartin (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pueumonia"); Lobar pnéumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Iuauitiou," "Marasthenia," "Auaemia" (mercly symptomatic), "Atrophy," ralvular heart disease; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the Americau Medical Association.) injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably IENT DEATHS state MEANS OF INJURY and qualify as etc., when a defiuite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Coumere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertakeu. For vio-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seuile," ctc.), (Recommendations on statement of "Dropsy," State cause for "Exhaustiou," Never report



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1 PLACE OF DEATH 15464 PERSONAL AND STATISTICAL PARTI 3 SEX 4 COLOR OR RACE MARRIED WIDOWED ORDIVORO 6 DATE OF BIRTH (Month) (D 7 AGE BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER

OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE

(Address).

nor

OF MOTHER (State or country)

14THE ABOVE IS TRUE TO THE

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

St;..... .Ward)

MEDICAL CERTIFICATE OF DEATH

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

GULARS	MEDICAL CERTIFICATE OF BEATT
	16 DATE OF DEATH 700 207 (Day) (Year)
e word)	17 Och 1 HEREBY CERTIFY, That I attended deceased from
/6 , 19/3 (Year)	that I last saw h. 20 alive on 700 17 1913
If LESS than	and that desth occurred on the date stated above, at
ds. OR min.?	The CAUSE OF DEATH* was as follows:
	Scroeno- I greuncoma
	(Duration) yrs. mos. 4/ ds.
r deligi	Contributory (Secondary)
/	(Signed) Of 13 Tough A M. O.
france	md 18th, 1913 (Address) Niberty ovor That
d	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
yonen _	16 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs,
fuai	Where was disease contracted, If not at place of death? Former or
mit	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Mov 22, 1913
laugh	20 UNDERTAKER ADDRESS

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REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "(roup"): Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia") indualified, is indefinite); Tuberculusis of lungs, meninges, peritongeum, etc... Carcin-

etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.:

Bronchopneumonia (secondary), 10 ds. Never report cer" is less definite; avoid use of "Tumor" for maile, nant neoplasms); Measles; Whooping cough; Chronic scpsis, tetanus) injury, as fracture of skull, and consequences (e. mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichae mus," "Old Age," "Shock," "Taemla," "Weakness genital," "Senile," etc.), mere symptoms or terminal conditions, such as "As ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF 88 which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras "Collanse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy, LENT DEATHS State MEANS OF INJURY and qualify as Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion, Examples: For Vioprobably



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STATE OF MARYLAND PLACE OF DEATH 15465 CERTIFICATE OF DEATH Registration Dist. No.... It death occurred in St.:...Ward) a hospital or institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWEO, (Month) (Day) Write the word) (Year) HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH Marc (Day) (Year) (Month) 7 AGE it LESS than and that death occurred on the date stated above. f dayhrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTION OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER ot death yrs. mos. (State or country) Where was disease contracted, KNOWLEDGE It not at place of death? usual residence... DATE OF BURIAL (Address) ---15 REGISTRAR more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement applies to each and every person, irrespective of age who have no occupation whatever, write None. causing neate, state occupation at beginning of illbeen changed or given up on account of the niseass Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At homc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the nisease causing death—In all all respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

scpsis, tctanus) may be stated under the head ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage. as "Puerperal schiichae. cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Tracmia," "Weakness," genitai," "Senile," etc.), "Dropsy," "Exhaustion," "Hart fallure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medicai Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. LENT DEATHS state MEANS-OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEEAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis "Contributory." ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of (Recommendations on statement of (name origin; "Can Examples: 01



Village or Chyllan. Carea session.	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mole. Hick Single, Massing of Martin Black (Write the word)	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1913, to 1918.,
(Month) (Day) (Year) AGE If LESS than 1 day,hrs. ORmln.?	that I last saw h Am alive on
particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory (Secondary)
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State of country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
OF MOTHER Catherine Clem 13 BIRTHPLACE OF MOTHER (State or couptry) Mary family	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) Gracehan My KNOWLEDGE (Address) Gracehan My	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed	20 UNGERTAKER Creaser, Thurmon
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (b)

Statement of cause of death—Name, first, the DIREASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of ACCIDENTAL, BUICIDAL, OF HOMICIDAL, OF as probably mia," "Puesperal peritonitis," etc. State cause for childbirth or miscarriage, as "Pursperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemourhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accimere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. nent neoplasms); Measles; Whooping cough; Chrowio oma. Sarcoma. etc., of . is less definite; avoid use of "Tumor" for maily. The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-Never report For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 7 1914 BUREAU.V.S.

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No. [It death occurred in St :----Ward) a hospital or Institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, MARRIED, WIDOWED, (Month) (Day) (Year (Write the word) 17 I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Day) (Year) (Month) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. was as follows: OR min. ? 6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory... 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF (Signed) FATHER S 11 BIRTHPLACE OF FATHER (State or country) REN *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 4 OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 1 OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death State yrs, ____ yrs. mos. ds. Where was disease contracted, OWLEDGE If not at place of death? usual residence 19 PLACE OF BURIALDOR REM DATE OF BURIAL 15 20 UN DERTAKE ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulwho have no occupation whatever, write None. who receive a definite salary), may be entered as mine, etc. essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, If the occupation has As examples: For persons "Foreman," 3

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dipatheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

childbirth or miscarriage, as "Puraperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," ample: Mcasics (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mails. oma. Sarcoma. etc., of .. injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-Never report Examples: For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURHAU, V.S.

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County Trederich 19	CERTIFICATE OF DEATH	
County - Fluence	Registered No. 153	
Village or City Mulkerseille (No.	St; Ward) [It death occurred in a hospital or institution,	
That of Oily	give its NAME instead of sfreet and number.]	
FULL NAME Containt		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE MARRIEO, WIDDWED, OR DIVORCED	16 DATE OF DEATH (Month) (Day) (Year)	
made Thit (Write the word)	17 HEREBY CERTIFY, That I attended deceased from	
6 DATE OF BIRTH	1/11/27, 1913, to 1/11/27, 1913.	
(Month) (Day) (Year)	that I last saw h was allve on Mon 47, 1913	
⁷ AGE If LESS than	and that death occurred on the date stated above, at	
t day,hrs.	The CAUSE OF DEATH* was as follows:	
	- J.	
8 OCCUPATION (a) Trade, profession, or	witherand	
parficular kind of work		
business, or establishment in	(Durafion) yrs. mos. ds.	
which employed (or employer)	Contributory	
State or country) Frederick Leo	(Secondary) Line (out year hours	
10 NAME OF FATHER SALES COMMENTS	(Signed) levery of takening, M. D.	
M 11 BIRTHPLACE	, 191 (Address) Frederick II	
V 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-	
V OF MOTHER GUST / Cautingan	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
13 BIRTHPLACE OF MOTHER (State or country) Trederen, Lou	At place In the of death yrs mos ds. Stafe yrs mos ds.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease confracted, If not at place of death?	
(Informant) 2012 Essave	Former or usual residence.	
(Address) Filt prills	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
16	Tuly Cemerty such 28, 191.3	
Filed	20 UNDERTAKER ADDRESS	
REGISTRAR	Septemon Barlow / Vallerruse	
If more blanks are needed, address State Regist	ear, 6 E. Franklin St., Balto., Requesting V. S. No. 1,	

STATE OF MARYLAND

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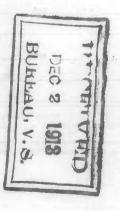
1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers statement. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write Nonc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Mauager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Women at home, who are engaged in the Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head—hymicide; Poisoned by carbolic acid—probably suicide. The nature of the such, if impossible to determine definitely. Examples: cause. Always qualify all diseases resulting from nus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), ample: Measles (disease causing death), 29 ds.; oma. Sarcoma. etc., of ... Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for malig-Bronchopneumonia (secondary), 10 ds. Never report The contributory tetanus) may be stated under the head (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State cause for



BINDING FOR RESERVED MARGIN

V. S. No. 1.

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD N. 8.

	Flace of DEATH 15469	CERTIFICATE OF DEATH
Co	ounty of wave of	Registration Dist. No. 140
Vi	ellage or Gity Harmony (No	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	X 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWED, OROVORCEO OROVORCEO (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 D#	(Month) (Day) (Year)	that I last saw h M. alive on MM V 1913.
7 AG	It LESS than 1 day,	and that death occurred on the date stated above, at
(a) par (b) busi whice	Trade, profession, or ticular kind of work. General nature of industry, ness, or establishment in ch employed (or employer)	Contributory Makanaran
ABI	RTHPLACE (ate or country) In a dear a for	(Secondary)
	10 NAME OF Mitton M. Gilbrut 11 BIRTHPLACE	(Signed) (Suration) (Ouration) (Ouration) (Signed) (Signed) (No. 1913) (Address) Madelletonon
ARENTS	10 NAME OF Mitton M. Silbrit 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed) , M. D. (Signed) , M. D. (Address) Malletonov *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
PARENTS	10 NAME OF Mitton M. Silbert 11 BIRTHPLACE OF FATHER (State or country) Mary land 12 MAIDEN NAME	(Signed), 191 3 (Address) Maddletorov, M. D. *State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents) At place in the ot death yrs mos ds Where was disease contracted, it not at place of death?
PARENTS	10 NAME OF Mitton M. Librat 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country) Many Land 13 BIRTHPLACE OF MOTHER (State or country) Many Land,	(Signed), 191 3 (Address), 191 deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents) in the ot death, yrs mos ds Where was disease contracted,

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative wealthful-Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: But in many For persons "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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T. S. No. 1.

supplied. AGE should be stated EXACTLY. PHYSICIANS should state may be properly classified. Exact statement of OCCUPATION is very PERMANENT RECORD carefully supplied. AGE should be stated EXACTLY. 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS See Instructions on back of certificate. so that It N. B.—Every item of information should be CAUSE OF DEATH in plain terms, s. Important.

PLACE OF DEATH 15470	STATE OF MARYLAND
Tresered 10410	CERTIFICATE OF DEATH
County / County	Registration Dist. No.
Village or City Sreweserd (No.	St.; Ward) [if death occurred is a hospital or iostitution give its NAME lostea of street and number.]
* FULL NAME Jugma lly	Lo au
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 BINGLE, MARRIEO, WIDOWEO, WIDOWEO, ORDIVORCEO	(Month) (Day) (Year)
B DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
Fel 11 544	OCh 1912, to 2005.3 1913
(Month) (Day) (Year)	that I last saw h W alive on NN. 5 1913
7 AGE If LESS than	and that death occurred on the date stated above, at
6 9 0 1 day,hrs.	The CAUSE OF DEATH* was as follows:
6 / yrs. 8 mos. 24 ds. OR min.?	Chunich Kindy Beneges
8 OCCUPATION (a) Trade, profession, or	
particular kind of work Housewit	
(b) General nature of Industry, business, or establishmenf in	(Duration)
which employed (or employer)	Contributory Heart Seages
State or country)	(Secondary)
\mathcal{O}	(Deration) yrs 3. mos. ds.
10 NAME OF Anthony Chambers	(Signed) 26 A Helse, M. D.
O 11 BIRTHPLACE	M 6, 191 3. (Address) Brungen
Z OFFATHER (State or country) W VW	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
of Mother anne Refuse Francis	CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) Af place In the of death yrs mos ds. State yrs mos ds.
14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease confracted,
handard a life to	If not at place of death?
(Interment) mo farramen Scause	usual residence
(Address) martinoline won	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 / 0 / 0	martinobus wow Nor 7 1813
Filed for 6 1913 Com was	20 UNDERTAKER ADDRESS
REGISTRAR	Morello I Ion Dunawell Ma

11/more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second statement. Never return "Laborer," "Foreman," additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise speciit should be used only when needed. cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative ... ealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the If the occupation has Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease to the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

childbirth or miscarriage, as "Purperral septichaemus," "Oid Age," "Shock," "Uraemia," "Weakness," injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acclsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumer" for mails oma. Surcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencia. "Contributory." mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) tetanus) may be stated under the head Aiways qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Examples: For vio-

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LC 4 1913



1 P	PLACE OF DEATH	5471	4	STATE OF		
County	y Fordsnot	2		CERTIFICAT	E OF	150
Village or	e or City Meas Brown *FULL NAME Hills	-am G	nhive	St;	-Ward)	[It death occurred a hospital or Institution give its NAME instead of street and number.
PE	PERSONAL AND STATISTICAL	PARTICULARS		MEDICAL GERTIFICA	TE OF DE	ATH
Mal	1 12	BINGLE, MARRIED, WIDOWED, WIDOWED, Write the word)	16 DATE OF DEA	700	nth)	(Day) (Year)
DATE OF B	OF BIRTH May (Month)	(Day) (Yes	40 Sept 2	7 1913, to		191.
AGE .	73 yrs 6 mos	1 day,	The CAUSE OF	ccurred on the date		ve, at sa.
articular kind b) General nai usiness, or e hich employed	e, protession, or r kind of work ral nature of industry, or establishment in ployed (or employer) PLACE or country) Mandanana	aking Be	Gontributory. (Secondary)	Ac. T.	n) yr Dysei	s. 1 mos 22
10 NAMI FATE	NAME OF FATHER William BIRTHPLACE OF FATHER State or country) OF STATE OF COUNTRY)	Grimes 1 15mor	*State the Di	1913 (Address)	Mes H	Merket Me
12 MAID OF I	MAIDEN NAME OF MOTHER BIRTHPLACE OF MOTHER State or country) MANUAL CONTROL OF MOTHER State or country)	Hollon A Brow	18 LENGTH OF R OR RECENT RES		PITALS, INST	ITUTIONS, TRANSIENT
THE ABOV	Thomas a	B. Paris	Where was disease c	contracted, th?		
Addre	(Address) Monron	Lay lor REGISTRA	19 PLACE OF BU	oder	/Xes	TE OF BURIAL 11
(Addre	ABOVE IS TRUE TO THE BEST OF MANNEY OF THE BEST OF THE		Where was disease of if not at place of dear Former or usual residence. 19 PLACE OF BU 20 UNDERTAKES	PRIAL OR REMOVAL		DA (Ya)

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has fication, as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

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cause of death approved by Committee on Nomencia. injury, as fracture of skull, and consequences (e. g., which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purreral scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 nant neoplasms) : Measles; Whooping cough: Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of . Bronchopncumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head (secondary or intercurrent) (name origin: "Can-Examples: For vio-



1 PLACE OF DEATH CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registered No. St:..... Ward) (No. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS RMANENT EXACTLY 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. (Month) (Write the word) I HEREBY CERTIFY. That I attended deceased from Exact 6 DATE OF BIRTH that I last saw have alive on Onvo classified. (Year) 4 (Month) (Day) If LESS than 7 AGE and that death occurred on the date stated above, at 3.45 A. m. 1 day, hrs. THIS OR min. ? properly BOCCUPATION (a) Frade, prefession, or INK particular kind of work. (b) General nature of industry, supplied. pe business, or establishment in (Duration) UNFADING msy which amployed (or amployer) Contributory. BIRTHPLACE (Secondary) certifical (State or country) 10 NAME OF FATHER 0 ENTS back 11 BIRTHPLACE terms. OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENuo PLAINLY. AR TAL. SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME pisin OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE In the = OF MOTHER (State or country) of death State yrs, ____ yrs. mos. ds. Where was disease contracted. DEAT WRITE If not at place of death?... 0 Former or POF usual residence. Important. Every Its 19 PLACE OF BURIAL OR REMOVAL 15 20 UNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

STATE OF MARYLAND

fif death occurred in

a hospital or institution. give its NAME instead of sfreet and number.]

(Day)

DATE OF BURIAL

ADDRESS

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise speci-Groccry; (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of IIIbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mime, etc. statement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples For persons (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

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Fr - 1918



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR MARGIN RESERVED Y. B. No. 1.

PLACE OF DEATH 15473	STATE OF MARYLAND CERTIFICATE OF DEATH		
County D	Registration Dist. No. 14/		
Village or City Flanshile (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Pole Color of RACE Single, MARRIEO, Micower, OR OIVORCED (Write the word) 6 DATE OF BIRTH 1856	16 DATE OF DEATH NORMAN (U, 1913. (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from January 1913. that I last saw h Analyza alive on MN (1913.		
(Month) (Day) (Year) 7 AGE Repark If LESS than 1 day,hrs. 9 OCCUPATION (a) Trade, profession, er particular kind of work	and that death occurred on the date stated above, at 3 2 m.		
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State) or country)	Contributory (Secondary)		
11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE 13 BIRTHPLACE	(Signed)		
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	At place of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence.		
(Address) Rumsuref The 15 Filed Nor 15/, 191 3 X vru Wrsy REGISTRAR	19 PLACE OF BURIAL OR REMOVAL Resorts 20 UNDERTAKER ADDRESS Dunswick My		

101407 07 07011 15/73

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) If the occupation has For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup"); Typhoid fever (never report "Typhoid pneumonia;"); Lobar pneumonia; Bronchopneumonia distributional, "unqualified, is indefinite); Tuberculosis of Tungs, meninges, peritonacum, etc... Carcin

cause of death approved by Committee on Nomencla-Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. childbirth or miscarriage, as "PUEFFERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Hart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As nant neoplasms); Measles; Whooping cough; Chronical cer" is less definite; avoid use of "Tumor" for maily ture of the American Medicai Association.) Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis oma. Surcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head (secondary or intercurrent) (name origin; "Can State cause for Examples: 68.

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DEC



W. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Junto 7 Rocks (No. 2 FULL NAME Many & 96 and	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale Phile Single, MARRIED, MIDOWED, OPHIOMED, OPHIOME	18 DATE OF DEATH (Month) (Day) (Year) 17 O I HEREBY CERTIFY, That I attended deceased from
TAGE (Mont) (Day) (Year) 7 AGE (Mont) (Day) (Year) 1 day, hrs. OR min.?	that I last saw hor alive on NOV 5 ,1912, and that death occurred on the date stated above, at 11 A m, The CAUSE OF DEATH* was as follows:
OF FATHER OF FATHER OF FATHER (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE (State or country) OF FATHER OF FATHER OF FATHER OF MOTHER OF MOTHER And Danner And Danner And Danner OF MOTHER	(Signed) To School (Duration) 2 yrs. G. mos. 2 ds. (Signed) To Mostley (Secondary) (Signed) To Mostley (Address)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death
if more blanks are needed, address State Registrar	1

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: "Foreman," (0)

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ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably cblldbirth or miscarriage, as "Puerperal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Meastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (a, g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned sucb, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for "Hart failure," "Haemorrhage," "Inanition," "Maran genital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary). 10 ds. nant ncoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumer" for malig oma. Surcoma. etc., oI . Accidental drowning; Struck by railway train—acci-The contributory (secondary or intercurrent tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can "Exhaustion," Never report Examples: For VIO-



4 UNFADING INK WITH PLAINLY

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. if death occorred inWard) a hospital or Institution. give its NAME lostead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS S SINGLE, 16 DATE OF DEATH 3 SEX 4 COLOR OR BACE MARRIED WIDOWED, (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) TAGE If LESS Than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* OR min. ? 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) Geoeral nature of Industry. business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF (Signed) FATHER 11 BIRTHPLACE OF FATHER (State or country) EN *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-04 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, d OF MOTHER 1BLENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death _____ yrs. mos. ds. State yrs, ____ mos, Where was disease contracted. QF MY KNOWLEDGE If not at place of death?. Former or usual residence. DATE OF BURIAL 15 20 UNDERTAKER ADDRESS Filed..... REGISTRAR If more bianks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer statement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulmaterial worked on may form part of the second Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

losis of lungs, meninges, peritonacum, etc... pneumonia"); Lobar term for the same disease. Examples: Cerebrospinal causing death (the primary affection with respect to brospinal time and causation), using always the same accepted ("Pneumonia," "Croup"); cver (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE meningitis"); Typhoid fever (never report "Typhold unqualified, is indefinite); Tubercupneumonia; Bronchopneumonia Diphtheria (avoid use of Carcin-

> such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," -Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 For VIO-



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County Frederick Registration Dist. No / 3/ Frederick (No. 130 E Hourth St. 4 Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED Corred WIDOWED, (Month) (Write the word) (Day (Year) 7 AGE If LESS than 1 day.....hrs. 37 vrs O mos OR min. ? BOCCUPATION (a) Trade, profession, or (b) General nature of industry, business, or establishment in X Sea Freed which employed (or employer) (Duration) 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed) ARENT OF FATHER (State or country) 12 MAIDEN NAME OR RECENT RESIDENTS) At place OF MOTHER (State or country) Instr of death yrs. mos. ds. DEATH Where was disease contracted. See It not at place of death?.. Former or Usual residence. OF mportant. Ш 19 PLACE OF BURIAL OR REMOVAL Every 15 20 UNDERTAKER

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STATE OF MARYLAND CERTIFICATE OF DEATH

It death occurred in a hospital or institution. give its NAME instead of street and number.]

(Year) I_HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at 3.45 A m.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS

State yrs. ____ mes. ___

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, ctc. "Manager," "Dealer," etc., without more precisc specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation hus Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupathus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anacmia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICINAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichacetc., when a definite discase can be ascertained as the Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; The contributory (secondary or intercurrent) Always qualify all diseases resulting from Never report For vio-



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STATE OF MARYLAND County Frederich CERTIFICATE OF DEATH Registration Dist. No. a hospital or Institution. give its NAME Instead of street and number. 1 objected PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, desigle 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. (Write the word) (Month) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH 1910 (Year) TAGE It LESS than and that death occurred on the date stated above, at 7.10 Am. 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? 8 OCCUPATION (a) Trade, protession, or particular kind of work.... (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER ARENT (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country ot death _____ yrs. ____ mos. ___ ds. State ____ yrs. ____ mos. Where was disease contracted. If not at place of death?..... Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Nov-18 1913 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factorg. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," The (6)

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. No.420 Morddle a hospital or institution. give its NAME Instead of sfreef and number.] Nettie Hoer PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, Marree WIDOWED. (Write the word) emale boloved I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Year) (Month) (Day 7 AGE 7.30 Pm If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER 191 3 (Address) 11 BIRTHPLACE ARENT *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-(State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER of death _____ yrs. ____ mos. ___ ds. State ____ yrs, ____ mos. ___ (State or country) Where was disease contracted, TO THE BEST OF MY KNOWLEDGE If not at place of death? Former or usual residence. DATE OF BURIAL Md Nov 17, 1913 15 homas J. The

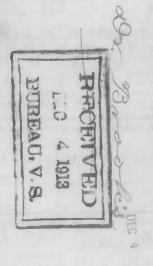
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STATE OF MARYLAND CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registration Dist; No. Ilf death occurred in a hospital or institution. give its NAME Instead ot sfreet and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED. WIDOWED. (Write the word) (Month) (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 10 (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 6 . A m. 1 day,....hrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, profession, or parficular kind of work... (b) General nature of Industry, business, or establishment in which employed (or employer) certificate. BIRTHPLACE Contributory (State or country) 10 NAME OF FATHER 0 0 terms, n back ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-UO 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. ATH in plain OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In the OF MOTHER (State or country of death yrs. mos. ds. DEATH State yrs. ____ mos. _ Where was disease contracted. See If not at place of death? Former or OF usual residence. Important. Every its DATE OF BURIAL Ov 28 1913 1.6 20 UNDERTAKER

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[Approved by U. S. Census and American Public Health Association.]

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V. S. No. 1.

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OGCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD N. B.

Village or City Chillip n. Nee	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
9 SEX 4 COLOR OR RACE MARRIED, While While Brite the word) 6 DATE OF BIRTH	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from Part 1913, to Part 24 4 1913.
TAGE (Month) (Day (Year) TAGE If LESS than 1 day,hrs. ORmin.?	that I last saw him allve on 250 2 4 1913 and that death occurred on the date stated above, at 8,50 Am. The CAUSE OF DEATH* was as follows: Substitutions: The Ridney D
(a) flave, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country) **Manyland**	Contributory Secondary (Barotian)
10 NAME OF FATHER Lewis Steefer, 11 BIRTHPLACE OF FATHER (State or country) Maryland, 12 MAIDEN NAME OF MOTHER DAMAGE	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant) (Intermant) (Address) 15 FILED 2 G, 1913 MARKETTERAR REGISTRAR	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place in the of death yrs
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, (b) Foreman, (h) Automobile factory. The

Statement of cause of death—Name, first, the disease causing death—It is a primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for malig-Accidental drowning; Struck by railway train-acci-"Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," may be stated under the head (Recommendations on statement of (disease causing death), 29 ds.; "Exhaustion," For vio-



PLACE OF DEATH 1.5481	STATE OF MARYLAND
Ms ederida La	CERTIFICATE OF DEATH
County County	Registration Dist. No. 144
Village or City Thurmore (No.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
FULL NAME OF Grace	Baillou of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE SANGER, MARRIED, MARRIED, WIDOWED, Married ORDIVORCED (Write the word)	(Month) (Day) (Year)
B DATE OF BIRTH LEAT The 1875	17 I HEREBY CERTIFY, That I attended deceased from 24 3 24, 1913, to 100 24 5, 1913.
(Month) (Day) (Year)	that I last saw her alive on flor 2164 1913
7 AGE If LESS than 1 day,hrs,	and that death occurred on the date stated above, at 3 - P. m,
yrs & mos. / ds. OR min.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work Aprilling an Laurendry	
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Ouration) Zyrsmosds.
BIRTHPLACE (State or country) January	(Secondary)
10 NAME OF Jaco hr Ledie	(Signed) (Doration) yrs mos ds.
Z (State or country)	for 26 71913 (Address) / kurwowl Milks
12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Mary Jacob	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. State yrs, mcs ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Mrs from Delle (3 mg)	Former or usual residence
(Address) Surrusset, Mills	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
16 7/ 01 /2 /2	Thurmont Md Hov. 26, 1913
Filed OV. 26, 1910, Asma My Bull	29 YNDERTAKER ADDRESS Willrider Seeger Thurmond Ma
If more blanks are needed, address State Registrar	

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative lealthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

injury, as fracture of skuil, and consequences (e. g., "Contributory." dent; Revolver wound of head-homicide; Potsoned sucb, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERFERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrpural septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcasles (disease causing death), 29 ds.: affection need not be stated unless important. Exvalvular heart disease; Ohronic interstitial nephritin ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-"H art failure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of . The contributory (secondary or intercurrent tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can "Exhaustion," Never report Examples: For Vio-

If this certificate is looked over thoroughly and all gneations answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 3 1913



PLACE OF DEATH 15482	STATE OF MARYLAND CERTIFICATE OF DEATH
County Frederick	Registration Dist. No. 134
Village or City hear Emmits Every	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
FULL NAME VIEW OUT	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, married, will word or blyocer or b	(Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	14 19 3 to how 14 1913.
Mov 14, 1913 (Month) (Day (Year)	that I last saw h & alive on 415 14 ,1913
7 AGE If LESS fhan 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.	Ateleelasis
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duratioo) yrs. mos. ds.
9 BIRTHPLACE (State or country) Lederich Ros Md	Contributory Secondary (Ouration) yrs mos ds
10 NAME OF Chward P. Lann	(Signed) (Si
11 BIRTHPLACE OF FATHER (State or country) Frederick Co ma 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of MOTHER Luly to Harbangs	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country) Relevich Co Ma	OR RECENT RESIDENTS) Af place In the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant) Famuara P Juna	Where was disease contracted, If nof at place of death? Former or
(Address) Emmits burg Ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed her- 5, 191 3 M. Th. Shuffs	Commission of Nov-15, 1913
If more blanks are needed, address State Regi	strar, 6 E. Franklin St., Balty Jequesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Civil engineer, Stationary froman, etc. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, sepsis, tetanus) may be stated under the head such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "luanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Coutheuia," "Anaemia" (merely symptomatic), "Atrophy." mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or 110M1CIDAL, or as probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," ctc.), Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," The nature of the "Exhaustion," Never report For VIO-



ż

a hospital or institution. give its NAME instead of street and number. 1 (Day)

[If death occurred in

In the State yrs. mos.

STATE OF MARYLAND

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Aroceru: (a) Foreman, (b) Automobile factory. The It should be used only when needed. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carein-

cause of death approved by Committee on Nomencla sepsis, tetanus) lnjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "Tuerperal peritonitis," etc. State cause for childlifth or miscarriage, as "Purereral septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Teart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchonncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Heasles; Whooping cough; Chronic oma. Sarcoma. etc., of ture of the American Medical Association.) by carbolic ocid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-LENT DEATHS state MEANS OF INJUSY and qualify as "Contributory." is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," may be stated under the head of (Recommendations on statement of (name origin; "Can-Examples: For vio-

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DEC 4 1913



7. B. No. 1.

SICIANS should OCCUPATION IS RECORD PERMANENT classified. properly pe UNFADING may 80 jo PLAINLY, piain of inform DEATH See Instri Item E OF Every Item CAUSE OF Important.

STATE OF MARYLAND 15494 CERTIFICATE OF DEATH Registration Dist. No. 14/ [It death occurred in St.: Ward) a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH SEX 5 SINGLE. 4 COLOR OR RACE MARRIED, WIDOWED, (Month) (Day) Write the word) HEREBY CERTIFY, Ihat I attended deceased from S DATE OF BIRTH non (Year) (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at f day,hrs. OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which emplayed (or emplayer) -----⁹ BIRTHPLACE (State or country) (Secondary) (Duration)yrs.....mos 10 NAME OF FATHER 11 BIRTHPLACE ARENT (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs, mos. ds. State _____ yrs, ____ mns. ___ ds. Where was disease contracted. If not at place of death?-Former or usual residence 15 REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second ness. If retired from business, that fact may be indishould be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobdir pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

childbirth or miscarriage, as "Purreral septichaeample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritta nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of __ ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples: For VIO-

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DEC 4 1913



BINDING FOR RESERVED MARGIN

PHYSICIANS should state of OCCUPATION is very RECORD Exact statement PERMANENT EXACTLY. claasified. 4 UNFADING INK-THIS IS pinous properly AGE supplied. pe may that 80 WITH DEATH in plain terms, ise instructions on back pinode Information WRITE

certificate.

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(Address'

CAUSE OF important.

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So.

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15485

1 PLACE OF DEATH

Tredereck

STATE OF MARYLAND CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

Registered No

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

.Ward)

(It death occurred le a hospital or institution. give its NAME instead of street and number. I

16 DATE OF DEATH	Hoo.	2	1913
**************************************	(Month)	(Day)	(Year)
17 9 I HEREBY	CERTIFY, That I	attended de	ceased from
that I last saw h Cually			, 191.3.
and that death occurred or	the date stated	above, at	Z . m,
The CAUSE OF PEATH*	was as follows:	but f	iseu
tim face	Kaces	ach	
accelent	(Buration)	yrs	mos,ds.
Contributory (Secondary)		D**** BB*** * * * * * * * * * * * * * *	
(Signed) Com	Nu	et veres	, M. D.
*State the DISEASE CAU CAUSES, state (1) MEANS TAL, SUICIDAL, OF HOMIC	or Injunt; and	in deaths fro (2) whethe	m VIOLENT
18 LENGTH OF RESIDENC OR RECENT RESIDENTS) At place of death	In the		
If not at place of death?Former or		••••••	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
usual residence		• • • • • • • • • • • • • • • • • • • •	
18 PLACE OF BURIAL OR		ATT 4	1915
20 UNDERTAKER			

PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 4 COLOR OR RACE SEX MARRIED, WIDDWED, Write the word) 6 DATE OF BIRTH 105 (Day) (Year) (Month) If LESS than 7 AGE f dayhrs. SOCCUPATION (a) Frade, prefession, or particular kind of work (b) Beneral nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENT OFFATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) MY KNOWLEDGE (Interment)

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the niseass Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necwho receive a definite saiary), may be entered as material worked on may form part of the second the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: For persons "Foreman," (%)

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PURRPERAL septichueetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras ture of the American Mcdical Association.) cause of death approved by Committee on Nomenciadent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and quality as "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcasles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Mcasics; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg. oma. Sarcoma. etc., of Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-Never report Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR W. B. No. 1.

PLACE OF DEATH 15486	STATE OF MARYLAND
Fraderial.	CERTIFICATE OF DEATH
Gounty	Registered No. 14.1
Village or City Brunound (No.	St; Ward) [if death occorred to a hospital or Institution, give its NAME lostead at street and nomber.]
* FULL NAME Villie Mole	t show and wasser.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) / (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Deff 14, 1865	that I last saw h Calife on 29, 191.3.
(Month) (Day) (Year) AGE If LESS than day,	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was follows:
8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of iodustry, business, or establishment in which employed (or employer)	Quality Hyrs. mos. ds.
BIRTHPLACE (State or country)	Contributory (Secondary) (Deration) (Deration) mos ds.
10 NAME OF FATHER IM Maule 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER	(Signed) State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
OF MOTHER Unknown 13 BIRTHPLACE OF MOTHER (State or country) When OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs, mos, ds, State yrs, mos, ds,
(Interment) Carly Mole	Where was disease contracted, It not at place of death? Former or usual residence.
(Address) Burnswick Ma Filed Arr 2 1 1913 Vinu My REGISTRAR	PLACE OF BURIAL OR REMOVAL AND
	ar, 6 E. Franklin St., Baito., Requesting V. S. Ne. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfui-Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as cbildbirth or miscarriage, as "Purpresal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasample: Measles (disease causing affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of . The contributory (secondary or intercurrent) "PUERPERAL peritonitis," Always qualify all diseases resulting from "Senfle," etc.), (Recommendations on statement of "Dropsy," etc. State (name origin; "Candeath), 29 "Exhaustion," Examples: cause for For vio-



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING RESERVED FOR MARGIN 7. S. No. 1.

N.B.

PLACE OF DEATH 15487	STATE OF MARYLAND
Freduct .	CERTIFICATE OF DEATH
County	Registered No. 14/
Village or City Brunsund (No. St.; Ward) Pull NAME Should 7 2. M. Montor of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	A 91 to
$ \begin{array}{cccc} $	that I last saw h
7 AGE Born deal 1 LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
SOCCUPATION (a) Trade, proteasion, or particular kind of work	
(b) General nature of industry, business, or establishmeat la which employed (or employer)	ds.
9 BIRTHPLACE (State or country) Brunewick, Ma	(Secondary) (Ouration) yrs mos s.
10 NAME OF FATHER E.M. Munros	(Signed) Con Dinama, M. D. 107 25, 191 3 (Address) Drawnshop Md
Z (State or country) Vigura	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of MOTHER Cacherine Kirkbalrick	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place At place of death yrs mos ds. State yrs mos ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	It not at place of death?
(intermant) Em. Massansons	Former or osual residence
(Address) Burna to hin	my all my 28, 1913
Filed M728, 1913 Ling WWS REGISTRAR	ON feete HBr Busered My
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	

[Approved by U. 8. Census and American Public Health Association.]

. statement. material worked on may form part of the second "Manager," "Dealer," etc., without more precise speciessary to know (a) the kind of work and also (b) cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekecpers (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," The question For persons "Foreman,"

losts of lungs, meninges, peritonaeum, etc.. pneumonia"); Lobar pneumonia; Bronchopneumonia CAUSING DEATH (the primary affection with respect to "Croup"); fever (the only definite synonym is "Epidemic cereterm for the same disease. time and causation), using always the same accepted ("Pneumonia," unqualified, is indefinite); Tubercu brospinal Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria Typhoid fever Examples: Cerebrospinal (never report "Typhoid (avoid use

> sepsis, tetanus) may be stated under the head of childbirth or miscarriage, as "Purrerran septichaecause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as mia," "PUERPERAL peritonitis," mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Measles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chrowio cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. etc., when a definite disease can be ascertained as the genital," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of etc. State (name origin; "Can-"Exhaustion," Examples: cause for For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DE 4 1913



N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

W. S. No. 1.

Co	PLACE OF DEATH 15488	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 139
Vi	*FULL NAME Charles & Mos	St.; Ward) [it death occurred in a hospital or institution, give its NAME lastead of street and oumber.]
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE		16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended deceased from 1912/to 1912/to 1912/to
	3 / yrs. 5 mos. 5 ds. or min.?	and that death occurred on the date stated above, at 4-15-9, m, The CAUSE OF DEATH* was as follows: Chronic Marchora + Dysendary
par (b) busin	ticular kind of work. General nature of industry, ness, or establishmont in ch employed (or employer) RTHPLACE Late or country) Friederick C. Md	(Duration)
PARENTS	10 NAME OF FATHER POSICIAN MOSER 11 BIRTHPLACE OF FATHER (State or country) Frederick Co. Md 12 MAIDEN NAME OF MOTHER Sarah Jawa McLain 13 BIRTHPLACE TALLY OF MAIN	(Signed) (Address) Abdulacida M. D. State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents)
15	OF MOTHER (State or country) Thederick B. Md HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Double Moses (Address) Obliganille Md ADD-17, 1913 C. A. Sterry, REGISTRAR	At place of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DAT
15	(Address) Satislasville Md.	USUAI residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIA 20 UNDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. of persons engaged in domestic service for wages, as (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons (4)

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tudorculosis of lungs, meninges, peritonacum, etc.. Carcin-

LENT DEATHS State MEANS OF INJUSY and qualify as cbildbirth or miscarriage. as "PUERPERAL scpticharcause of death approved by Committee on Nomencla sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vicmia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convultions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) "Contributory." "Hart failure," "Haemorrhage," "Inanition," "Maras. mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronical ter" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of .. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion, (Recommendations on statement of may be stated under the head __ (name origin; "Can State cause for Examples:



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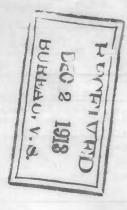
PLACE OF DEATH 15489STATE OF MARYLAND CERTIFICATE OF DEATH OCCUPATION IS Registered No... lif death occurred in PHYSICIANSWard) a hospital or institution, give its NAME lostead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statemen EXACTLY 18 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day) ORDIVORCED (Write the word) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) If LESS than TAGE and that death occurred on the date stated above, at D 1 dayhrs. The CAUSE OF DEATH * was as follows: OR 7 BOCCUPATION AGE proper (a) Trade, profession, or particular kind of work... (b) General nature of industry, supplied. pe business, or establishment in may which employed (or employer) --Contributory 9 BIRTHPLACE (State or country) (Secondary) certifical (Deration) 10 NAME OF FATHER 80 0 (Address) 11 BIRTHPLACE ENT OF FATHER (State or country) pinous *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Informati 13 BIRTHPLACE 5 At place In the OF MOTHER (State or country of Inform DEATH of death _____ yrs. ____ mos. ___ State yrs. ____ mos. Where was disease contracted. 14 THE ABOVE IS If not at place of death? ... See Former or Every Item CAUSE OF OF usual residence. mportant. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 DANDERTAKE ADDRESS m ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborerit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla ture of the American Medicai Association.) "Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Tuerperal peritonitis," etc. chlidbirth or miscarriage, as "Pursperal septichae etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis nant neopiasins); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for mailg-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senife." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can-State cause for Never report Examples: For vio-



No. 1. 02

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PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	rmation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should in plain terms, so that it may be properly classified. Exact statement of OGCUPATION is
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state B.—Every Item of Information should be carefully su CAUSE OF DEATH in plain terms, so that it main important. See instructions on back of certificate. WRITE

$^{\scriptscriptstyle 1}$ PLACE OF DEATH 15490

County Frederick.

Village or CityState Sanatorium

FULL NAME TIPS Ada TI

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;.....Ward)

[If death occurred in a hospifal or institution, give its NAME instead of street and number.]

	PERSO	NAL AND STATISTIC	CAL PARTICULA	ARS	MEDICAL CERTI	FICATE OF DEATH
3 SEX	ale	4 COLOR OR RACE White	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the Wol	arried.	***************************************	(Month) (Day) (Year) IFY, That I attended deceased from
6 DATE	OF BIRT	Septembe (Month)	***************************************	h, 1877	October 1st, 1915, t	o Lovember 26th
7 AGE	31	6 yrs. 2		It LESS than I day,hrs.	and that death occurred on the d	date stated above, at
particular (b) Gener	profession	rk Housewi t Industry,	fe.		monary.	Tubergulosis-Pul-
Which emp	PLACE or country	y) Maryland-	-Upper Ma		ContributoryEar Advan (Secondary) Tuberculosis (Ouration) Z yrs mos ds. ced Pulmonary Ouration) Z yrs mos ds. yrs mos ds.
U 11 F	RIRTHPL	dmund F. Wo			Moy 26th, 191 3 (Address).	DEATH, or, in deaths from Violent NJURY; and (2) whether ACCIDEN-
13 B	IRTHPLA OF MOTH	Georgian	na Lovele	888.	16 LENGTH OF RESIDENCE (FOR OR RECENT RESIDENTS) At place of death yrs mos	HOSPITALS, INSTITUTIONS, TRANSIENTS, In the S. State State yrs, S. Mos, State
(Inform	nant)V	J. Hughes	3.4		Where was disease contracted	nown. !
15		State Sans	1 Ste.	REGISTRAR	Foustonice Mi 20 undertaker M.L. Greeger	ADDRESS Thurmont

more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.). causing death, state occupation at beginning of Ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fleation, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to tilme and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-crospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purprenal septichueetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitlal nephritis nant neoplasms); Measles; Whooping cough; Chroniu er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ture of the American Medical Association.) sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., Bronchopncumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Meastes (disease causing "Senile." etc.), may be stated under the head (Recommendations on statement of (secondary or intercurrent "Dropsy," "Exhaustion," "Traemia," "Weakness," (name origin; "Candeath), 29 ds.: State cause for Never report Examples:



MARGIN RESERVED FOR BINDING

PHYSICIANS should of OCCUPATION IS RECORD FNT PERMAN Exact classified. pinous proper NX supplied. pe UNFADING that WITH terms, PIN plain = I Ш DE of Item OF

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Instructions

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15491 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registered No Ilf death occurred in .Ward) a hospital or Institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WHEN WED, (Month) (Day) (Write the word) I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH (Day) (Year) (Month) 7 AGE It LESS than and that death occurred on the date stated above, at 1-20 A m. 1 dayhrs. OR 7 BOCCUPATION (a) Frade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Address) 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or. in deaths from VIOLENT CAUSES, State (1) Means of Injury; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. ARI 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted. TO THE BEST OF MY KNOWLEDGE It not at place of death? Former or (Intermant) usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Begistrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

Housewife, Housework, or At Home, and children, not cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: cases, especially in industrial employments, it is necadditional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease to the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of ture of the American Medical Association.) cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "PUERPERAL septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial mephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailg. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-



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VSICIANS should OCCUPATION IS PHYSICIANS Exact statement PERSONAL AND STATISTICAL PARTICULARS PERMANENT EXACTLY. 3 SEX 5 SINGLE, Sees 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word) stated 8 DATE OF BIRTH classified. (Month) (Day (Year) 7 AGE should If LESS than PLAINLY, WITH UNFADING INK-THIS 1 day,hrs. properly AGE BOCCUPATION (a) Trade, profession, or particular kind of work. supplied. (b) General nature of industry, business, or establishment in which employed (or employer). Coal may certificate. 9 BIRTHPLACE (State or country) carefully that 10 NAME OF FATHER 0 0 should be terms, PARENTS 11 BIRTHPLACE OF FATHER (State or country) See Instructions on plain 12 MAIDEN NAME OF MOTHER of Information not become 13 BIRTHPLACE OF MOTHER (State or country) c DEATH WRITE 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE PO Item (informant) Important. usual residence. Every Ite Thodas Alley 19 PLACE OF BURIAL OR REMOVAL 15 20 UNDERTAKER m FRISTRAR ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH 15492

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

Ilf death occurred in St. Ward) a hospital or institution.

DATE OF BURIAL

ADDRESS

give its NAME instead of street and number.]

MEDICAL	CERTIFICATE	OF DEATH	
16 DATE OF DEATH	11	26	, 191.3.
	(Month)	(Day	(Year)
17 I HEREBY	CERTIFY, Tha	t I attended de	ceased from
mornily 24 15	13 to my	on ter 2	6- 1913
	-		
that I last saw h Son. all	ve on	MV4 16	, 191
and that death occurred o	n the date state	ed above at	1- 10 m
The state of the s			
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VIII CIL	war f	Mung	<i>e</i> .
######################################	<u>U</u>	0	· · · · · · · · · · · · · · · · · · ·
***************************************	(Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from Mark 24, 1913, to Provide the 26, 1913, st saw have alive on Mark 26, 1913, st saw have alive on Mark 26, 1913, st death occurred on the date stated above, at 8, m. Use of DEATH* was as follows: (Duration) yrs mos ds. (Duration) yrs mos ds.		
	(B) (1)		
	(Duration)	yrs	mosds.
Contributory Secondary	******************		
.10000000000000000000000000000000000000	(Duration)	vrs.	mns de
1/1//	~ ~		4H 4 01100000000000000000000000000000000
(Signed)	Jesso con	mer	, M. D.
MN 26 4913 4	ddress) Tred	wick 1	uce.

CAUSES, state (1) MEAN TAL, SUICIDAL, or HOMIC	AS OR INJURY:	and (2) wheth	er Acciden-
18 LENGTH OF RESIDENCE	E (FOR HORPITAL	s. Institutions	TRANSIENTE
At place			, , , , , , , , , , , , , , , , , , , ,
		Wro	mno de
Where was disease contracted,	or Sidic	J19,	11102 08
If not at place of death?	**********************		
Carman an			

[Approved by U. S. Censns and American Public Health Association.]

essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: causing death, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Connant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligmere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," affection need not be stated nuless important. ture of the American Medical Association.) canse of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronehopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 4 1913



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS beould state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certilicate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN

Village or City Frederick (No. City 2 FULL NAME Up bleton Para	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Phile Single, Marieo, Widoweo, ORDINOREO (Write the word Masseed) B DATE OF BIRTH Bugust 8, 1968.	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended deceased from 22, 1913, to 22, 1913, that I last saw h.M.M. allyeon 22, 1915
(Month) (Day) (Year) 7 AGE 11 LESS than 1 day,hrs. OR	and that death occurred on the date stated above, at 3,30 Pm, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Tangfuros Co Tra 10 NAME OF FATHER Bernard Payrus 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF OF MOTHER OF MOTHER	Contributory Jackum 7 the Stuey (Secondary) (Signed) (Signed) (Signed) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Filed 22 /m., 191 REGISTRAR	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, it not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL HILLS FOR TRANSIENTS. 20 UNDERTAKER ADDRESS M. L. Elohus on Fundament Mandament Mandame

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). causing neath, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age who have no occupation whatever, write None. been changed or given up on account of the niseask Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (a) the kind of work and also (b) As examples: For persons "Foreman," (4)

Statement of cause of death—Name, first, the DINEARE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUST and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purspural septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile." etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis uant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... "Contributory." is less definite; avoid use of "Tumor" for mails. The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 ds.; For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 4 1913



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Instructions

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15494 STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Trederick Registration Dist. No. If death occurred is a hospital or institution, give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 4 COLOR OR RACE MARRIED, WIDOWED, (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at f day, Q. hrs. OR .. Omin. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. (State or country 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) O yrs. O mos. If not at place of death? usual residence DATE OF 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pueumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

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RECORD

PHYSICIANS should state of OCCUPATION IS very County Trederils ²FULL NAME PERSONAL AND STATISTICAL PARTICULARS statement EXACTLY. 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, widowed, Washington, ordivorced (Write the word) Exact 6 DATE OF BIRTH classified. (Day) (Month) 7 AGE should properly AGE BOCCUPATION (a) Trade, profession, or particular kind of work. carefully supplied.

that it may be p
f certificate. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 90 be back PARENTS 11 BIRTHPLACE terms. pinous OF FATHER (State or country) LO 12 MAIDEN NAME of information s DEATH in plain See Instructions piain OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14THE ABOVE IS CAUSE OF I (Address). 15 8 REGIST ż

If more blanks are needed, address State Regis

1 PLACE OF DEATH

15495

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1 day,

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;.....Ward)

[It death occurred in a hospital or institution, give its NAME instead

MEDIGAL	CERTIFICATE O	F DEATH
18 DATE OF DEATH	(Month)	24, 1913 (Day) (Year)
17 I HEREBY		attended deceased from
sept 17	13 to Dan	24, 191
hat I last saw h. Ann. al		
nd that death occurred o		above, at
he CAUSE OF DEATH*		
Pulmon	ma Tide	enlors

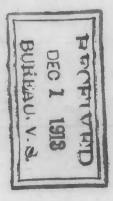
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		yrs 10 T mos.
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(Signed) W. How	The party	, M.
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*State the DISBASE CA	USING DEATH, or,	in deaths from Violen
CAUSES, state (1) MEAN TAL, SUICIDAL, OF HOMI	s of Injury; and	d (2) whether Acciden
16 LENGTH OF RESIDEN	CE (FOR HOSPITALS	INSTITUTIONS TRANSIEN
At place	In the	0.10
nt death O vrs 2 mns	de State	Jers, mos,
Where was disease contracted, it not at place of death?	Probled 1	in stores
Formor or	1 0	<i>(-</i>
usual residence. 616. A	1. anne	and
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19 PLACE OF BURIAL OF	REMOVAL	
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20 HNDERTAKER	ni	

[Approved by U. S. Census and American Fublic Health
Association.]

mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.). causing pears, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer—('oal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative wealthfuiwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, (b) If the occupation has For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasent); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc... Carcin-

which surgical operation was undertaken. For womia," "PUERPEBAL peritonitis," etc. cblidbirth or miscarriage. as "Purrerral scotichae etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock." thenla," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Concause of death approved by Committee on Nomencla "Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. -Hart fallure," "Haemorrhage," "Inanition," "Maras. mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... ture of the American Medical Association.) dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as Bronchopncumonia (secondary), 10 ds. Never repor The contributory Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of may be stated under the head (secondary or intercurrent "Dropsy," "Exhaustion," 'Traemia," "Weakness," (name origin; "Can death), 29 ds.: State cause for Examples:



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15496 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred in a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, Lengle 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED, (Month) ORDIVORCED (Write the word) (Dav White I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE if LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH* was as follows: OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE 1915 (Addrasay OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country. of death yrs. mos. ... State yrs. mos. ... _ ds. Where was disease contracted. if not at place of death? ... Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness. gainfully employed, as At school or At home. duties of the household only (not paid Housekeepors mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," Farmer or Planter, "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligsuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as "lleart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Dr. N. C. Johnson.



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[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Forcman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foremau,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic theuia," "Auaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (uame origiu; "Cancause of death approved by Committee on Nomenciasepsis, tetanus) injury, as fracture of skull, and cousequeuces (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puebpebal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Con mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection ueed not be stated unless important. ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," Never report



PLACE OF DEATH 15498 County Frederick	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 3
*FULL NAME Alberta V. G	give its NAME Instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Gereal White to (Write the word)	16 DATE OF DEATH 10 14 , 1915 (Month) (Day (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from 12 1913, to 10014, 1913
(Monthly (Day (Year) AGE if LESS fhan 1 day,hrs.	and that death occurred on the date stated above, at 10,200 n The CAUSE OF DEATH* was as follows:
**OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishmenf in which employed (or employer)	Septic Fufetion Melonfy (Duration) × yrs × mos / 4 d
BIRTHPLACE (State or country) Maneland	Secondary (Duration) × yrs × mos /
on 11 BIRTHPYACE	(Signed) Henry P. Fahrey, M.
Z OFFAHER (State or country) Houseland 12 Maiden Name OF MOTHER 14	*State the Disease Causing Death, or, in deaths from Violen Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Meryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place In the of death
(Informant) Lewes W. Na Botherhog	Where was disease contracted, If not at place of death? Former or Usuat residence
16 Filed 15 Nov. 191 to Chal Mchand	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MOT Olivet Cour Now 16, 1913 20 UNDERTAKER ADDRESS
PE@STMAR &	Thomas To Taice Fredericks trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

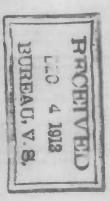
cases, especially in industrial employments, it is necfirst line wili be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons causing death, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measics; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify us childbirth or miscarriage as "Puerperal septichae-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the Americau Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Mcastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report

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Dr. Rahmuy



V. S. No. 1.

N. B.

PLACE OF DEATH 15499 Gounty Frederick Prederick (No. 104), Full NAME Asselia A.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. /3/ W. Third St; 3 Ward) Shepherd, [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Geneale White Single, Married, Wisowed, Widewed Ordivorce (Write the word) Moar 10, 1849 (Month) (Day (Year)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 191 to VIV 28 1913, that I last saw h. W. alive on VIV 28 1913
7 AGE (Month) (Day (Year) 1 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 2,00 pm. The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF	Contributory Forsier Caralyse (Duration) yrs mos / 3 ds. Contributory Contributory Caralyse (Duration) yrs mos / 3 ds.
11 BIRTHPLACE OF FATHER (State or country) Oo not know 12 Maiden Name OF MOTHER Armie Me. Mooofiss 13 BIRTHPLACE	(Signed) , M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents) At place in the
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant). Georgie A. Shock	of death yrs, mos. ds. State yrs, mos. ds Where was disease contracted, If not at place of death? Former or usual residence.
(Address) 104 86 3 S. 16 Flied Dec 1913 De drag Miland Transport If more blanks are needed, address State Wigist	19 PLACE OF BURIAL OR REMOVAL Mot. Olvet Com., 1913. 20 UNDERTANER Thomas G. Roice Frederick, rar, G. E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a defluite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shoek," "Uraemia," "Weakness," (Recommendations on statement of may be stated under the head of State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Dr. Mc Ceerdy



N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING S. No. 1.

PLACE OF DEATH 15500	STATE OF MARYLAND
County Freduck.	CERTIFICATE OF DEATH
County	Registration Dist. No. / 52
Villageor City Monther (No. 405)	St.; Ward) [It death occurred a hospital or Institution give its MAME instead of street and number.]
FULL NAME CHARACTER OF	John Care
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, WITH the Word)	18 DATE OF DEATH (Month) (Day) (Year) 17 DEFREBY CERTIFY. That I attended deceased from
SOUX KNOW,	1913, to Oyor. 12 , 1913
7 AGE (Month) (Day) (Year) 1 t LESS than 1 day,hrs ORmin.?	and that death occurred on the date stated above, at 1/-3, q m
(a) Trade, profession, or Jence Maker particular kind of work. Jence Maker	ansoni calessoma - cana
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Ouration) yrs. mos. ds
9 BIRTHPLACE (State or country) Maryland	(Secondary)
10 NAME OF LONT FRANCE	(Signed) Consu. Fr Grinauc M. D
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
of Mother Dout Anon	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country) Don't Know	At place of death yrs. mos. ds. State yrs, mos. ds
(Information) Marit BEST OF MY KNOWLEDGE (Information) Tring (Information)	Where was disease contracted, it not at place of death? Former or Frederick County Made and residence Frederick County Made
(Address) Montevil Miles Max Max	Mor Venue DATE OF BURIAL
Filed 13 , 191 Loodinan REGISTRAR	20 UNDERTAKER Chief ADDRESS
If more blanks are needed, address State Regis trar,	6 E. Franklin St. Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal statement. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," cause of death approved by Committee on Nomenclascpsis, tetanus) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purremal scptichaemus," "Old Age," "Shock." 'Traemla," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convultions," "Debility" ("Conample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronie oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ter" is less definite; avoid use of "Tumor" for mails The contributory may be stated under the head (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can Examples:



N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN V. B. 170, 1.

	15501	4
1	1 PLACE OF DEATH	STATE OF MARYLAND
6	punty Trederick	CERTIFICATE OF DEATH
	Const. A. A.	Registration Dist, No. 147
٧	illage or City Wy CM (No. 9	St.; Ward) [It death occurred in a hospitat or institution, give its NAME lostead of street and number.]
_	FULL NAME July 10.	11
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
351	Rale White Street, Married Windows D. ORDIVERCED (Write the word)	(Month) (Day) (Year)
6 D	ATE OF BIRTH	17 HEREBY CERTIFY, That I attended deceased from 1913, to 1913,
	(Month) (Day) (Year)	that I last saw h Lain alive on
(a) pa (b) bus whi		and that death occurred on the date stated above, at 9 m. The CAUSE OF DEATH* was as follows: Character Internal Depticities Contributory (Doration) yrs. mos. ds. Contributory (Secondary) (Secondary) (Doration) yrs. mos. 4 ds. (Signed) One of the contributory
147	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant) John ace A. Spurries	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place 10 the of death yrs mos ds. State yrs mos ds. Where was disease contracted, 11 oot at place of death? Former or usual residence.
15 Fil	ed Nove 3 1913. Wm H. Clay. REGISTRAR	Marver Chafel Mint. 8, 1813. 20 UNDERTAKER ADDRESS BUY BORNER Mt Cerry Wed
	II more manas are needed, address State Registra	r, C E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

should be taken to report specifically the occupations fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not pald Housekeepers minc, etc. statement. material worked on may form part of the second it should be used only when needed. As examples: the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative wealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, For persons "Foreman,"

Statement of cause of death—Name, first, the disease Causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

childbirth or miscarriage, as "Puzzperal scottchacetc., when a definite disease can be ascertained as the cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ter" is less definite; avoid use of "Tumor" for malle oma. Sarcoma. etc., of .. ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. -Heart fallure," "Haemorrhage," "Inanition," "Maras nant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can State cause for Examples: For vio-



S. No. 1.

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AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION 1s very RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. B .- Every Item of information should be

1	PLACE	OF	DEATH	1	5	5	0
		-			4	9	V

Frederick

Village or City State Sanatorium(No.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No

St.; Ward)

[it death occurred in a hospital or institution, give its NAME instead ot street and number.]

Amelia Stocchetti FULL NAME...

PERS	ONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Sex Female	*COLOR OR RACE	6 SINGLE, MARRIED, WIDOWED, ORDIVERCED COMPLETE (Write the word) \$100	(Month) (Day (Year)	
DATE OF BIRT	TH	25rd., 1898. (Day (Year)	July 9 , 1913 to Nov. 4 , 1913,	
AGE	I5 yrs 7	mos ds. lt LESS than 1 day, hrs. OR min.?	and that desth occurred on the date stated above, at	
BOCCUPATION (a) Trade, protession particular kind of v (b) General nature business, or estate	workSCNOOL of industry,	-girl	Pulmonary Tuberculosis.	
	employer)	vland	Contributory Exhaustion Siyis Co mosil ads.	
O TATHER OF FAT OF FAT (State	Angelo St	cocchetti	(Signed) W. Howard Royal. M. D. LOV. 1913. (Address) tate Sanstorium *State the Disease Causing Death, or, in deaths from Violent	
OF FATHER (State or country) Italy. 12 MAIDEN NAME OF MOTHER Mary Stocchetti. 13 BIRTHPLACE OF MOTHER (State or country) Italy.			CAUSES, State (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs. ds. State 1 yrs. mos. ds	
THE ABOVE		T OF MY KNOWLEDGE	Where was disease contracted, Jaknown. It not at piace of death? Former or usual residence. I 9 Lloyd St., Balti., -Md.	
(Address)	29, 1913. C.	A Stein REGISTRAR	PLACE OF BURIAL OR REMOVAL RESULTING 20 UNDERTAKER N. D. WAYN ADDRESS M. D. WAYN ADDRESS M. D. WAYN M. WAYN M	
(If more blanks	are needed, address State Regis	strar, 6 E. Franklin St., Barb., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

*(a) Spinner, *(b) Cotton mill; (a) Salesman, additional live is provided for the latter statement; cases, especially in industrial employments, it is nec-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. been changed or given up on account of the disease who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," As examples: But in many "Foreman," (2)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia." unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin

theuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Meastes (disease causing death), 29 ds.; affection need not be stated nnless important. valvular heart disease; Chronic interstitial nephrilis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cau-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertakeu. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichac etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras "Collapse," "Coma," "Cournisions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head oi injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver acound-of head-homicide; Poisoned Accidental drowning; Struck by railicay train-acci such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJUBY and qualify as is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Seuile," (Recommendations on statement of etc.), "Dropsy," "Exhanstion,"



V. S. No. 1.

rederies Village or City Cumulaturg (No. M. M.)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution, give its 'NAME instead of street and number.]
FULL NAME WANTED PLANTE	em Dionie
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married Windle (Write the word) Date of BIRTH March 13, 1557	17 I HEREBY CERTIFY. That I attended deceased from 1913, to 1913.
7 AGE 6 (Month) (Day (Year) 1 (LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
e occupation (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Canal Stomas Guration yrs mos. ds. Gontributory Astfan
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 2 MAIDEN NAME OF MOTHER OF MOTHER SUSANS Stuffing	(Signed) (Brration) yrs mos ds. (Signed) (Address) (Signed) (Address) (Signed) (Sig
13 BIRTHPLACE OF MOTHER (State or country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At piece In the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, If not at place of death?
(Address) Cumitsburg M. M. Filed Mr. 19.191. 5 M. Food Registran If more blanks are needed, address State Regist	19 PLACE OF BURIAL OR REMOVAL Limitsfury And how 21, 1813 20 UNDERTAKER Jacob L Hopfer Churchburg, Md. Para, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations statement. Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in Industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very Important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the nisease Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retlred from busluess, that fact may be Indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculcis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "As uant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if Impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichae "Heart failure," "Haemorrhage," "hanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy." Bronchopneumonia (secondary), 10 ds. ample: affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Inmor" for malig-The contributory (secondary or intercurrent) Always qualify all discases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of The nature of the "Exhaustion," Never report probably



County Frederick	CERTIFICATE OF DEATH Registration Dist. No
** Full NAME Benjamin	Carter St.; 2 Ward) [If death occurred in a hospital or institution, give lis NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Markete White (Write the word)	(Month) (Day (Year)
8 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased fro
Aug 30 , 185 (Mooth) (Day (Year	that I last saw halive on
**SOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Indusfry, business, or establishment in which employed (or employer)	and that death occurred on the date stated above, at 10.45 19. The CAUSE OF DEATH * was as follows:
9 BIRTHPLACE (State or country) Manyland	Contributory Allohale Muyeea
10 NAME OF FATHER John N. Stull 11 BIRTHPICE OF FATHER (State or country) Manyland	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (A
12 MAIDEN NAME OF MOTHER Sarah A. Galle 13 BIRTHPLACE OF MOTHER (State or country)	*State the DISPASE CAUSINO DEATH, or, in deaths from VIOLES CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDES TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) Af place In the of death yrs. mos. ds. State yrs. mos.
(Informant) John N. Stull	Where was disease contracted, if not af place of death? Former or usual residence.
16 Filed 3 Nov 1913 De Charles Nove Pacies To Ma	19 PLACE OF BURIAL OR REMOVAL ACT OLIVET, Gen, Nov. 3., 191. 20 UNDERTAKER Thomas J. Roice Frederich egistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

15504

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: should be taken to report specifically the occupations duties of the household only (not paid Housekecpers fication as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfuily employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional live is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each aud every person, irrespective of ago. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupatious a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," The (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seuile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," thenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, The contributory "Old Agc," "Shock," "Uraemia," "Weakness," tetanus) may be stated under the head of Aiways qualify aii diseases resulting from Measles (disease causing death), 29 ds.; SUICIDAL, or HOMICIDAL, or as probably (Recommendations on statement of "Convulsions," "Debility" ("Con-(secondary or intercurrent) The nature of the



/	PLACE OF DEATH 15505 County Frederick	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. / 3 /
	Village or City Firederick (No. 135)	Welhusch St.; 3 Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male White (Write the word)	(Month) (Day (Year)
	Greb 7, 1859 (Month) (Day (Year)	that I last saw have allive on the state of
	TAGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 5.09 Pm The CAUSE OF DEATH* was as follows:
	(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in Returned 1 yr	(Buration) yrs mos de
-	9 BIRTHPLACE (State or country) 10 NAME OF FATHER Dennis Still	Contributory Secondary (Duration)
2	OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER P	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
	4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Meas Measy Stull	Where was disease contracted, It not at piaco of death? Former or osual residence
•	Filed 2 for 1913 De Change Milewry	19 PLACE OF BURIAL OR REMOVAL Mot. Olivet Cers Nov 12, 1913. 20 UNDERTAKER ADDRESS The process of the control of the contr
1	If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Deaier," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as (a) Spinner, Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid ineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

vatvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchonncumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

CERTIFICATE OF DEATH Registration Dist. No. Add. Sti: Ward a haspital or institution. Sti: Ward a haspital or institution. PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS SEX COLOR OR RACE SUPPLY Control of street and number. MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 16 DATE OF DEATH 17 I HERREDY CERTIFY. That I strended deceased from country. The country of the word. 18 June 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 PLACE OF DEATH	STATE OF MARYLAND
VIIIage or City Met. Pleasant. St.; Ward) Stephia or institution in the state of institutions of street and number.] PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS SEX *COLOR OR RACE S. SINGLE. Alleged Managers. (Month) (Day (Year) 16 DATE OF DEATH 10 DATE OF	Grederi-la	CERTIFICATE OF DEATH
VIIIage or City Met. Bleasand. St; Ward a heoptal or institution of institution of institution. PERSONAL AND STATISTICAL PARTICULARS SEX *COLOROR RACE * SWALL, MONTH OF THE BEST OF MY KNOWLEDGE (Month) (Day (Year)) TAGE ** If LESS han 1 day, hr. Or Occupation of which is the stated above, at 12.39 Pm. TAGE ** If LESS han 1 day, hr. Or Occupation of which is the stated above, at 12.39 Pm. The CAUSE OF DEATH** was as follows: OBERTHALE (State or Country) Moaryland TO MANE OF HOTHER OF THE BEST OF MY KNOWLEDGE (Informant) BOX Has I Best Johnson. The CAUSE OF DEATH** was as follows: OF MOTHER OF CAUSE OF DEATH** was as follows: OF MOTHER OF CAUSE OF DEATH** was as follows: OF MOTHER OF CAUSE OF DEATH** was as follows: OF MOTHER OF CAUSE OF DEATH** was as follows: OF MOTHER OF CAUSE OF DEATH** was as follows: OF MOTHER OF CAUSE OF DEATH** was as follows: OF MOTHER OF CAUSE OF DEATH** was as follows: OF MOTHER OF CAUSE OF DEATH** was as follows: OF MOTHER OF CAUSE OF DEATH** was as follows: OF MOTHER OF CAUSE OF DEATH** was as follows: OF MOTHER OF CAUSE OF DEATH** was as follows: OF MOTHER OF CAUSE OF DEATH** was as follows: OF MOTHER OF CAUSE OF DEATH** was as follows: OF MOTHER OF CAUSE OF DEATH** (Duration) OF MOTHER OF CAUSE OF DEATH** OF MOTHER OF CAUSE O	County	Registration Dist No. /42
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SEX 4 COLOROR RACE MARKETS	2FULL NAME Dearl Oren	Momas.
Ferral Colored (Write the word) 6 DATE OF BIRTH Vow 14, 1898 (Month) (Day (Year) TAGE If LESS than 1 day,	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
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B DATE OF BIRTH Now	WIDOWED.	
Month) (Day (Year) TAGE (Month) (Day (Year) (I LESS than 1 day, hrs. Dr. Dr. Dr. Dr. Dr. Dr. Dr. Dr. Dr. Dr		
that last saw h ally on	10 . 11 000	Oct My 13 1913, to Nov. My 3th, 1913,
and that death occurred on the date stated above, at \$3.30 m. Hamilton H		that I last saw hels alive on Nov 5th 1913.
The CAUSE OF DEATH* was as follows: Cor		and that death occurred on the date stated above, at 12,30 Pm.
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Manyland 11 BIRTHPLACE (State or country) Manyland OF FATHER Corporation Monthler (State or country) Monthler (Informant) Bortha Shalland (State or country) Monthler (State or c	14 vre 11 man 21 da 00 min 2	
(a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Moarpland 10 NAME OF FATHER GEORGE PROPERTY 11 BIRTHPLACE OF MOTHER OTHER OF MOTHER OTHER OF MOTHER OTHER OTHER OTHER OTHER OTHER		Rhenna (s/ Inflam; long)
(b) General nature of Industry, business, or establishment in which employed (or employer) **BIRTHPLACE (State or country) Moarplaned OF FATHER Country Thomas 11 BIRTHPLACE OF FATHER (State or country) Moarplaned OF MOTHER Country Moarplaned 12 Maiden Name OF MOTHER Country Moarplaned 13 BIRTHPLACE OF MOTHER (State or country) Moarplaned (State or country) Moarplaned 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Best of My KNOWLEDGE (Informant) Best of My KNOWLEDGE (Address) Mat. Tleasant 19 PLACE OF BURIAL OR REMOVAL 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Best of My KNOWLEDGE (Address) Mat. Tleasant 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 Silver Meil Loren Now L. 1913.	(a) Trade, profession, or	with Manralgan
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Meanyland 10 NAME OF FATHER Menry Thomas 11 BIRTHPLACE OFFATHER (State or country) Meanyland OF MOTHER (State or country) Meanyland 12 Maiden Name OF Mother (State or country) Meanyland 13 BIRTHPLACE OF MOTHER (State or country) Meanyland OF MOTHER (State or country) Meanyland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Dertha Thomas My Knowledge (Informant) Dertha Thomas My Knowledge (Informant) Meanyland (Informant) Dertha Thomas My Knowledge (Informant) Meanyland (Informa	particular killu ut wurk	Sunty was caused by Muragen
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11 BIRTHPLACE OF FATHER (State or country) Moarpland OF MOTHER (State or country) Moarpland 12 MAIDEN NAME OF MOTHER (State or country) Moarpland 13 BIRTHPLACE OF MOTHER (State or country) Moarpland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Bortha Showed (Address) Math Pleasant (Signed) Dand Sound, M. B. State the Disease Causing Death, or, In deaths from Violent CAUSES, state (1) Means of Injuny; and (2) whether Accident TAL, SUICIDAL, or Homicidal. 16 In the of death yrs, mos ds. State yrs, mos. ds Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Silver Mail Country Date of Burial Date of Burial		
11 BIRTHPLACE OF FATHER (State or country) Moarpland 12 MAIDEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) Moarpland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Partha Place (Informant) Partha Place (Address) Math Place (Address) Math Place (Informant) Partha Place (Address) Math Place (Address) Math Place (Informant) Partha Place (Informant) Partha Place (Informant) Partha Place (Informant) Place	10 NAME OF ME	10 20 6
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13 BIRTHPLACE OF MOTHER (State or country) Moareface (State or country) Moareface (Informant) Bortha Theorems (Address) Mat, Theorems (Address)	of Mother of	
OF MOTHER (State or country) Maryland of death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death? (Informant) Bertha Thomas 150 may knowledge (Address) Mat. Pleasant 19 place of Burial or Removal Date of Burial Silver Heill Company 1913.	Villy Grainer	OR RECENT RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS,
Where was disease contracted, if not at place of death? (Informant) Bortha Thomas Shows 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 Silver Heill Company 1913.	OF MOTHER	
(Informant) Bertha Thomas (Address) Mot, Pleasant 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 Silver Hill Comp. Nov. 7., 1913	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Address) Mot Pleasant. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 Silver Hill Comp Now 7, 1913.	Unformant Bertha Thomas	Former or
16 Dilver Hill Com Nov 7, 1913.	16, 000	
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[Approved by U. S. Census and American Public Health Association.]

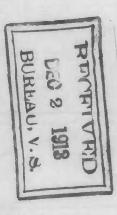
fication as Day laborer, Farm laborer, Laborer-Coal tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the Insease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Or sotone



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V. S. No. 1.

1 PLAGE OF DEATH 15507 COUNTY Tre devide	STATE OF MARYLAND CERTIFICATE OF DEATH
Gounty T. A. Deville	Registration Dist. No. 139
Village or City Atole Danaforum	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
FULL NAME Munice M. 1	900.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Temale 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year)
S DATE OF BIRTH (Month) (Day) (Year)	that I last saw had alive on Nov 25, 1913.
7 AGE 42 yrs. 10 mos. 23 ds. 11 LESS than 1 day,hrs. 02min.?	and that death occurred on the date stated above, at 9:159, m, The CAUSE OF DEATH* was as follows:
6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in	Quinton) 2 yrs mos de
which employed (or employer) BIRTHPLACE (State or country)	Contributory Exhaustian (Secondary)
10 NAME OF Jenny Conson	(Signed) M. Howar George M. D. Nov. 25, 191 3 (Address) Alale Handown ma
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER WILLIE Elsloger	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	At place of death
(Informant)	Former or usual residence. 159 M. Polomae D.,
Filed 100/29, 1913. C. Stews	Daction Jul Sate of Burial Salewing 3 20 UNDERDAKEN ARDRESS MA CHANGE ARDRESS ALLEWING ARDRESS
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers additional line is provided for the latter statement; cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative Healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has As examples: For persons 9

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "Tuerperal peritonitis," etc. childbirth or miscarriage, as "Purreral scottchaeetc., when a définite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUST and qualify as which surgical operation was undertaken. For vio-"Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis ver" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:



T. B. No. 1.

-Every item of information should be parefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD N. B.

Village or City Full NAME william New Ward) STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. /3 / St; Ward) St; Ward) Full NAME william New Wilrick St and nomber.				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
Male While Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from			
6 DATE OF BIRTH				
(Month) (Day) (Year)	that I last saw h			
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, st			
8 OCCUPATION (a) Trade, protession, or particular kind of work. Crach Swith	Then Failure			
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds			
BIRTHPLACE (State or country) Fundanich & Mid	(Secondary) (Ouration) yrs mos ds.			
10 NAME OF Grange William Ulrich	(Signed) Livil & Bauersfeed, M. D.			
11 BIRTHPLACE OF FATHER (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.			
of Mother Mary Haller	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,			
13 BIRTHPLACE OF MOTHER (State or country) Manyland	At place In the of death yrs mos ds. State yrs mos ds.			
Informant) Franks ohnson	Where was disease contracted, It not at place of death? Former or usual residence			
(Address) Cost Eight II-	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL			
Filed 8 Mot, 1918 De Shand Michael	10 UN Ober derley trederick had			
if more blanks are needed, address State Revistrar				

[Approved by U. S. Census and American Public Health
Association.]

(a) Spinner, (b) Cotton mill; (a) Salcsman, Groccry; (a) Foreman, (b) Automobile factory. cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. materiai worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tlon is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise speci-Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," -Precise statement of occupa-As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal freer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Typhoid cosis of lungs, meninges, peritonaeum, etc.. Cargin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

nec 4 1913



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

15509	
1 PLACE OF DEATH	STATE OF MARYLAND
County Frederich	CERTIFICATE OF DEATH
County Viewer	Registered No. ist 144
7 10	
Village or City somb fruille. (No	St.; Ward) [If death occurred in a hospital or institution,
	give its NAME instead of street and nomber.]
2 FULL NAME Mary fame,	1 Ebb
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ACCUON ON BACE 5 SINGLE,	18 DATE OF DEATH A 121
of 1.1.1. WIDOWED, Marked	(Month) (Day) (Yesr)
Fernale Mill ORDIVORCED (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH	July 1918, to How 22 2 1918.
(Month) (Day) (Year)	that I last saw her allve on flow 22 191 3
(Month) (Day) (Year) 7 AGE If LESS than	and that death occurred on the date stated above, at # P m.
1 day,hrs.	The CAUSE OF DEATH* was as follows:
/O yrs. O mos. /9 ds. OR min.?	Chimie Endreadilis
8 OCCUPATION (a) Trade, profession, or	Mitral misifferences
particular kind of work Amseur	
(b) General nature of Industry, business, or establishment in	(Duration) / yrs, 6 mos, ds.
which employed (or employer)	
9 BIRTHPLACE (State or country)	(Secondary)
11100g / Dang	(Duration) yrs mos. ds.
10 NAME OF FATHER	(Signed) Ams a Brief M. D.
of Therestor	Mrs 22, 191 3 (Address) Thinksman 180
	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
Z (State or country) 12 MAIDEN NAME OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of Mother Out to Auskensmith	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the
OF MOTHER (State or country)	of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Trank West.	Former or
7/ 2.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) I humment my	The state of the s
16 m 05 0(1) 1/1 (2000)	20 UNDERTAKER APPRESS
Filed DV, 20, 1913 LANGE MY REGISTRAR	In I bearing The
	O B Franklin St. Polite Proposition V S. No. 1
II more manas are meeted, address brats Registra	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the DIREABE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Mcasles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-Never report Examples: For vio-



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C	Sunty Froderick.	CERTIFICATE OF DEATH Registration Dist. No. 139
/v	Full NAME J. Cerroll Wilkinson	St.; Ward) [If death occurred in a hospital or institution, give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5 8	Acolor or RACE MARRIED, Married OR DIVORCED (Write the word)	16 DATE OF DEATH NOV. I6th., 1913 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 D	August 30 , 1866 (Month) (Day) (Year)	that I last saw h im alive on Nov. 16 ,1913,
7 A C	SE It LESS than 1 day, hrs. OR min. ?	and that death occurred on the date stated above, at
par (b) bus	CCUPATION Trade, profession, or ticular kind of work General nature of industry, lness, or establishment in General ch employed (or employer)	Pulmonary Tuberculosis. (Duration) 5 yrs. mos. ds.
9 BI	RTHPLACE (ate or country) Maryland.	Contributory Txhaustian. (Secondary) (Duration) yrs mos ds
	Thomas 3. Wilkinson	(Signed) M. Noward geoger. M. D.
11 SIRTHPLACE OF FATHER (State or country) W 12 MAIDEN NAME OF MOTHER Fannie W. Bennett.		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
		CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL, 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER Maryland. (State or country)	At place of death
	(Informant) Loy Landsmill	It not at place of death? Former or usual residence 2643 N. Charles St.,
15 Fil	ed Nov. 29, 1812- 6. A. Slew REGISTRAR	20 UNDERTANCE OF CHARLES ADDRESS
	if more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

CTATE OF MADVI AND

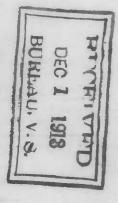
15510

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons (6)

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage. as "Purappeal scottchaegenital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Connant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla "Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the -Hart fallure," "Haemorrhage," "Inanition," "Maras. mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstittal nephritis er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... ture of the American Medical Association.) The contributory "Old Age," "Shock." 'Traemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head (secondary or intercurrent "Dropsy," "Exhaustion," (name origin; "Can death), 29 ds.: Examples:



PHYSTONANS shou classifled. pinous properly supplied. may certificate. that 0 6 Instructions piai 5 DEATH See 50 Item 10 mportant. Every It

should state

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15511 STATE OF MARYLAND CERTIFICATE OF DEATH Registered No..... [It death occurred in a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 4 COLOR OR RACE 3 SEX MARRIED. WIDOWED. ORDIVORCED (Write the word I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH Levy 3 (Day) 7 AGE It LESS than and that death occurred on the date stated above, at 1 dayhrs. OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, 12-6 business, or establishment in which employed (or employer) Contributory..... 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Address) 11 BIRTHPEACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accorden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted. It not at place at death?. Former or (Intermant) ... usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 TO UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

7. 8. No. 1.

N.B.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has "Foreman," -Coal 9

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease.); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 4 1913



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MARGIN

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PHYSICIANS should state of OCCUPATION IS very RECORD properly classifled. Exact statement PERMANENT stated EXACTLY. 4 should be IS WRITE PLAINLY, WITH UNFADING INK-THIS AGE carefully supplied. may be so that it m Every item of information should be CAUSE OF DEATH in plain terms, so important. See instructions on back of 8.

3 SEX

TAGE

PARENTS

16

DATE OF BIRTH

BOCCUPATION (a) Trade, profession, or particular kind of work...

(b) General nature of Industry, business, or establishment in

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRU

(Address)

(informant)

which employed (or employer) -----

1 PLACE OF DEATH

15512

County Frederick

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;....Ward)

[if death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE White Single, MARRIED, WIDOWED, ORDINGORD (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
BIRTH SELLE WOLL)	17 I HEREBY CERTIFY, That I attended deceased from Och 26, 1913, to 25, 1913,
(Month) (Day (Year)	that I last saw h. Q. alive on Nov. 5, 1913
32 yrs 4 mos 5 ds. or min.?	and that death occurred on the date stated above, at
TION rotession, or ind of work	Pulmonary Internations
nature of industry, r establishment in yed (or employer)	(Duration)yrsmosds.
or country) Manyland.	Secondary ((Duration) yrs mos ds.
ATHER James M. Clotchey.	(Signed) W. Howard yeaged, M.D.
RTHPLACE FFATHER State or country) Manyland.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injuny; and (2) whether Acciden-
AIDEN NAME Harah a. Groy.	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
RTHPLACE MOTHER State or country) Mouse Cond.	At place of death yrs mos ds in the the mos ds
NOVE IS TRUE TO THE BEST OF AY KNOWLEDGE	Where was disease contracted, it whole in the former or usual residence. 415 Woodley Ob.
idress). The Shirthen My	Ballows W DATE OF BURIAL 1913
10.29., 1813. 6. 1. Slew REGISTRAR	M.L. Wayn humorthal
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," But in many "Foreman," (U)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart discase; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic theuia," "Anaemia" (mercly symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can such, If impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio childbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-Bronchopneumonia (secondary), 10 ds. ample: "Measles ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; - Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory (secondary or intercnrrent) is less defluite; avoid use of "Tumor" for malig-"Puerperal peritonitis," etc. State cause for Always qualify all diseases resulting from "Senile," etc.), may be stated under the head of (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," "Puerperal septichae Never report



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13 BIRTHPLACE OF MOTHER (State or country)

(Address).....

15

Viliage or City Bartholowo (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 38 St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale Color or race Single, Married, Married, Widoweb, Widoweb, Widoweb, Widoweb, Write the word) 6 DATE OF BIRTH May 6, 186/ (Modith) (Day) (Year) 7 AGE If LESS than 1 day, hrs. or min.?	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from Pov. 18th, 1913, to 20th, 1913, that I last saw h M alive on 1900, 1944, 1913 and that death occurred on the date stated above, at 50 m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) Generat nature of industry, business, or establishment in which employed (or employer) **DIRTHPLACE** (State or country)	Chelral Naturnowhegy (Duration) yrs. mos. 3 ds. Contributory. (Secondary)
10 NAME OF FATHER HENRY & Madary 11 BIRTHPLACE OF FATHER (State or country) Mary land 12 MAIDEN NAME OF MOTHER Mary Rehardson	(Signed)

	18 LENGTH OF RESIDENCE (FOR H	OSPITALS. IN	STITUTIONS	, TRANSIENTS
H	At place	in the		
ı	of death yrs mos ds.	State	yrs.	mos ds
	Where was disease contracted, if not at place of death?		10 00 manage d manage no p. 40	**************************************
ı	Former or			

19 PLACE OF BURIAL	B REMOVAL	DATE OF BURIAL
Marvin &	eliopel	nov 2 2", 1913
20 UNDERTAKER	. //	ADDRESS

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carciniosis of lungs, meninges, peritonaeum, etc..

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL scpticharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," valvular heart disease; Chronic interstitial nephritis ture of the American Medicai Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. which surgical operation was undertaken. cause. Always qualify all diseases resulting from "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of _ The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can Never report Examples:



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	PERSONAL AND STATISTICAL PARTICULARS	
3 SE		18 DATE OF D
6 D/	TE OF BIRTH Acres 2/ 18-35 (Months (Day (Year)	that I last saw
7 A C		and that death
(a) par (b)	Trade, profession, or ficular kind of work. General nature of industry,	Uft pe
Whi	ness, or establishment in Actived 5 378 RTHPLACE	Contributor Secondary
Whi	ness, or establishment in Retired 5 yrs RTHPLACE	

PLACE OF DEATH 15514

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

St.; 3 Ward) [If death occurred in a hospital or institution, give Its NAME Instead of street and number.]

CERTIFICATE OF DEATH

COLOR OR RACE 5 SINGLE, MARRIED,	18 DATE OF DEATH NOV 3 1913
White (Write the word)	(Month) (Day (Year)
(Write the word)	17 0 / I HEREBY CERTIFY, That I attended deceased from
	17 L HEREBY CERTIFY, That I attended deceased from 2 1913, to Word 3 , 1917,
Aug 21 , 1835	that I last saw h in allve on Our Oct 12 1913
(Month) (Day (Year)	
If LESS than	and that death occurred on the date stated above, at 2,00 m,
8 yrs. 2 mos. 12 ds. or min.?	The CAUSE OF DEATH* was as follows:
0-	curcuvue !
Farmer	left side I four and head.
ustry.) VIO
ant in P +	(Buratian) 2 was
int in Retired 5' yrs	(Duration) 3 yrs mos ds.
) //	Secondary Curcurum
Maryland	(Qyration) Tyrs mos ds.
60 00 010	
Charles Wood	(Signed) (Signed), M. D.
	Nov 3 , 191 3 (Address) frillings
untry) Hangland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTALLY
ME /	TAL, SUICIDAL, or HOMICIDAL.
Mary Saylor	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
.1	ON RECENT RESIDENTS)
untry) Mangland	At place of death yrs. 10 mos. Z ds. In the State Z8yrs. 2 mos. 12 ds
UE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Near Woodsboo
ion Riggs	Former or
~ M/ 1 44 B/	usual residence
IV, de to	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	Thockey Hill ben Nov 5 1913
1913 Di dea & Mic hands	20 UNDERPORER ST. GO Med ADDRESS
PEGISTRAR	Thomas F. Thice Firederick.
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
	* * * * * * * * * * * * * * * * * * *

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," Farmer or Planter, "Foreman," (4)

Statement of cause of death—Name, first, the Insease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report For vio-



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15515 PLACE OF DEATH

County Ir edenice

STATE OF MARYLAND CERTIFICATE OF DEATH

Ward)

Registration	Dist.	No. / 5 2

Village or City Il a gaville (No.		St:
	. 1 5 '	
FULL NAME GRONGE	V. Zun	weren

[If death occurred in

2 FULL NAME Garge W.	A nospital or institution, give its NAME instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the Word)	(Month) (Day (Year)	
6 DATE OF BIRTH (Month) (Day (Year)	10 / 1913, to // - 4 , 1913, that I last saw h. alive on // - 7 , 1913	
7 AGE If LESS than 1 day,hrs. OR	and that death occurred on the date stated above, at 1.30 gm. The CAUSE OF DEATH* was as follows:	
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) **PBIRTHPLACE** (State or country) 10 NAME OF FATHER** **PATHER** **PATHER*	Contributory Secondary (Duration) yrs	
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, Or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the	
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address)	of deathyrsmosds. Stateyrsmosds Where was disease contracted, If not at place of death? Former or usual residence	
15 Filed. /- 5 1913 M Gov deware REGISTRAR	We Olived 1, 1913 EQUINDERTAKERS Otolian Andress Andress	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S./No. 14

[Approved by U. S. Census and American Public Health Association.]

mine, etc. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as dnties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive applies to each aud every person, irrespective of ago. who have no occupation whatever, write been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery Important, so that the relative healthful-Women at home, who are engaged in the Never retnrn "Laborer," Farmer (retired 6 yrs.) For persons Laborer-As examples: "Foreman," None. engincer. -Coal The

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